y your case:	FILED
or the:	JAN 1 8 2019
Chapter yı ☑ Chapter □ Chapter □ Chapter □ Chapter □ Chapter	JAN 1 9 2019 Check if this is an amended filing
19 <i>-300</i> 48 tion for Indivi	CLERK, U.S. BANKRUPTSY COURT SOUTHERN DISTRICT, ILLINOIS RECEIVED HRP 10:49 iduals Filing for Bankruptcy 12/17
	Chapter y Chapter y Chapter Chapter Chapter Chapter

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
San Stanford	Write the name that is on your government-issued picture identification (for example, your driver's license or	Shantiinaa First name Riinii	First name
	passport).	Middle name Gaston	Middle name
	Bring your picture identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
100 and 100 an		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer	xxx - xx - <u>5</u> <u>6</u> <u>8</u> <u>1</u> OR	XXX - XX
	Identification number (ITIN)	9 xx - xx	9 xx - xx

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De	Shantiinaa First Name Middle N	R. Gaston		Case number (if known)
	FIRST NAME MIDDIE N	varne Last Name		
**********		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in	☑ I have not used any	business names or EINs.	☐ I have not used any business names or EINs.
	the last 8 years Include trade names and	Business name		Business name
	doing business as names	Business name		Business name
		EIN	- 	EIN
		EIN		EIN
5.	Where you live		MANANE I 1961 A HO S HA WOOD ON THE OWNERS MANAGEMENT THE STREET MANAGEMENT AND AN OWNER AND AN OWNER AND	If Debtor 2 lives at a different address:
		29 Idlebrook Drive		
		Number Street		Number Street
		Collinsville	IL 62234	
		City	State ZIP Code	City State ZIP Code
		Madison County County		County
		If your mailing addres above, fill it in here. N any notices to you at th	ss is different from the one lote that the court will send his mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number Street		Number Street
		P.O. Box		P.O. Box
		City	State ZIP Code	City State ZIP Code
6.	Why you are choosing	Check one:	attage of the total state of the state of th	Check one:
	this district to file for bankruptcy	Over the last 180 do I have lived in this conther district.	ays before filing this petition, district longer than in any	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reas (See 28 U.S.C. § 1		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

De	ebtor 1 Shantiinaa First Name Middle Nam	R.	Gaston Last Name	Case number (if known)				
P	art 2: Tell the Court Abou	ıt Your B	ankruptc	y Case				
7.	The chapter of the Bankruptcy Code you	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	are choosing to file under	☑ Cha	apter 7					
		☐ Cha _l	pter 11					
		☐ Cha _l	pter 12					
		☐ Cha _l	pter 13					
8.	How you will pay the fee	local your subr with	l court for reself, you noting you a pre-print	entire fee when I file my petition. Please check with the clerk's office in more details about how you may pay. Typically, if you are paying the fee hay pay with cash, cashier's check, or money order. If your attorney is repayment on your behalf, your attorney may pay with a credit card or check address. The fee in installments. If you choose this option, sign and attach the	•			
				Individuals to Pay The Filing Fee in Installments (Official Form 103A).				
		By la less pay	aw, a judge than 150% the fee in i	my fee be waived (You may request this option only if you are filing for a may, but is not required to, waive your fee, and may do so only if your of the official poverty line that applies to your family size and you are unstallments). If you choose this option, you must fill out the Application to g Fee Waived (Official Form 103B) and file it with your petition.	income is nable to			
9.	Have you filed for	☑ No	•					
	bankruptcy within the last 8 years?	Yes.	District					
			District	When Case number				
				MM / DD / YYYY				
			District	When Case number				
10	. Are any bankruptcy	☑ No	***************************************					
	cases pending or being filed by a spouse who is		Debtor	Relationship to you				
	not filing this case with you, or by a business partner, or by an affiliate?			When Case number, if known				
	urmate:		Debtor	Relationship to you				
			District	When Case number, if known				
11	. Do you rent your residence?	☐ No. ☑ Yes.	_	12. andlord obtained an eviction judgment against you? to line 12.				
			☐ Yes. F	ill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) an this bankruptcy petition.	d file it as			

Deb		R.	Gaston	Case number (if known)	_		
	First Name Middle Name	;	Last Name				
Pa	11 3: Report About Any B	usiness	ses You Own as a Sol	le Proprietor			
					_		
12. Are you a sole proprietor 🕡 No. Go to Part 4.							
	of any full- or part-time business?	☐ Yes.	Name and location of bu	siness			
	A sole proprietorship is a business you operate as an						
	individual, and is not a		Name of business, if any				
	separate legal entity such as a corporation, partnership, or		Number Street				
	LLC. If you have more than one		Number Street				
	sole proprietorship, use a separate sheet and attach it						
	to this petition.		City	State ZIP Code			
			- ,				
			Check the appropriate be	ox to describe your business:			
				s (as defined in 11 U.S.C. § 101(27A))			
			_	state (as defined in 11 U.S.C. § 101(51B))			
			•	ned in 11 U.S.C. § 101(53A))			
			None of the above	as defined in 11 U.S.C. § 101(6))			
			I None of the above				
	13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?		appropriate deadlines. If you can balance sheet, stater nese documents do not ex	, the court must know whether you are a small business debtor so that it you indicate that you are a small business debtor, you must attach your ment of operations, cash-flow statement, and federal income tax return or if xist, follow the procedure in 11 U.S.C. § 1116(1)(B).			
	For a definition of small o		I am not filing under Cha				
	business debtor, see 11 U.S.C. § 101(51D).	No.	I am filing under Chapter the Bankruptcy Code.	r 11, but I am NOT a small business debtor according to the definition in			
		☐ Yes.	I am filing under Chapter Bankruptcy Code.	r 11 and I am a small business debtor according to the definition in the			
Pa	rt 4: Report if You Own o	r Have	Any Hazardous Prop	erty or Any Property That Needs Immediate Attention			
14.	Do you own or have any	☑ No					
	property that poses or is		What is the hazard?				
	alleged to pose a threat of imminent and		What is the hazard:				
	identifiable hazard to public health or safety?						
	Or do you own any						
	property that needs immediate attention?		If immediate attention is	s needed, why is it needed?			
	For example, do you own perishable goods, or livestock						
	that must be fed, or a building that needs urgent repairs?						
	anat noodo digent repails:		Where is the property?				
			,	Number Street	•		
					_		
					_		
				City State ZIP Code			

Debtor 1

Shantiina	aa l	R.	Gaston
First Name	Middle Name		Last Name

Case number (if known)		

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About	Debtor	1	
-------	--------	---	--

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing al	oout
credit counseling because of:	

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ **Disability**. My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

 ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not re-	quired to	receive	a briefing	about
credit cour	seling b	ecause o	f:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Silanumaa First Name Middle N	ame Last Name	Case number (if knot	wn)
Part 6: Answer These Que	estions for Reporting Purpo	cac	
Allowel These wu	<u> </u>		
16. What kind of debts do you have?		arily consumer debts? Consumer debt ual primarily for a personal, family, or hous	
•	☐ No. Go to line 16b. ☐ Yes. Go to line 17.		
		arily business debts? Business debts investment or through the operation of the	
	□ No. Go to line 16c.□ Yes. Go to line 17.		
	16c. State the type of debts yo	ou owe that are not consumer debts or bus	iness debts.
17. Are you filing under Chapter 7?	☐ No. I am not filing under C	Chapter 7. Go to line 18.	
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	administrative expens ☑ No ☐ Yes	oter 7. Do you estimate that after any exenses are paid that funds will be available to	npt property is excluded and distribute to unsecured creditors?
18. How many creditors do you estimate that you	☑ 1-49 □ 50-99	☐ 1,000-5,000 ☐ 5,001-10,000	☐ 25,001-50,000 ☐ 50,001-100,000
owe?	☐ 100-199 ☐ 200-999	10,001-25,000	☐ More than 100,000
19. How much do you estimate your assets to be worth?	☑ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
	□ \$500,001-\$1 million	□ \$100,000,001-\$500 million	
20. How much do you estimate your liabilities	☑ \$0-\$50,000 □ \$50,001-\$100,000	□ \$1,000,001-\$10 million □ \$10,000,001-\$50 million	☐ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion
to be?	\$100,001-\$500,000	\$50,000,001-\$100 million	□ \$10,000,000,001-\$50 billion
	□ \$500,001-\$1 million	■ \$100,000,001-\$500 million	☐ More than \$50 billion
Part 7: Sign Below			
For you	I have examined this petition, correct.	and I declare under penalty of perjury that	the information provided is true and
	If I have chosen to file under C of title 11, United States Code under Chapter 7.	Chapter 7, I am aware that I may proceed, e. I understand the relief available under ea	if eligible, under Chapter 7, 11,12, or 13 ich chapter, and I choose to proceed
	If no attorney represents me a this document, I have obtained	and I did not pay or agree to pay someone d and read the notice required by 11 U.S.C	who is not an attorney to help me fill out C. § 342(b).
	•	with the chapter of title 11, United States C	
	I understand making a false st with a bankruptcy case can re 18 U.S.C. §§ 152, 1341; 1519	sult in fines 🅪 to \$250,000, or imprisonme	money or property by fraud in connection ent for up to 20 years, or both.
	* Shantemay	f Llast *	
	Signature of Debtor 1	Signatur	e of Debtor 2
	Executed on MM / DD	Execute	d on

Debtor 1

Shantiinaa

R.

Gaston

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

be familial with any state exemption laws that apply.	
Are you aware that filing for bankruptcy is a serious action consequences?	on with long-term financial and legal
☐ No ☐ Yes	
Are you aware that bankruptcy fraud is a serious crime a inaccurate or incomplete, you could be fined or imprison	
☐ No ☐ Yes	
Did you pay or agree to pay someone who is not an attor ✓ No ☐ Yes. Name of Person	rney to help you fill out your bankruptcy forms?
Attach Bankruptcy Petition Preparer's Notice, Declar	aration, and Signature (Official Form 119).
By signing here, I acknowledge that I understand the rish have read and understood this notice, and I am aware the	at filing a bankruptcy case without an
attorney may cause me to lose fill rights or property if I	do not properly handle the case.
Signature of Debtor 1	Signature of Debtor 2
Date Of 17 2019	Date MM / DD / YYYY
Contact phone	Contact phone
Cell phone 618 to 60-3993	Cell phone
Email address	Email address

Fill in this i	nformation to iden	tify your case:		
Debtor 1	Shantiinaa First Name	R Middle Name	Gaston Last Name	
Debtor 2 (Spouse, if filing	j) First Name	Middle Name	Last Name	_
United States	Bankruptcy Court for t	he: Southern District of	Illinois	
Case number	(If known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$1,012.00
1c. Copy line 63, Total of all property on Schedule A/B	\$1,012.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 	\$17,802.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$16,135.00
Your total liabilities	\$33,937.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$2,572.00
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$2,276.00

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Case number (if known)_

Gaston

Shantiinaa

Debtor 1

R

	FIRST Name Microle Name Last Name	
	Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form Yes	
7.	What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by ar family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purport of the court with your other schedules.	oses. 28 U.S.C. § 159.
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	s 2,896.00
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:	Total claim
	From Part 4 on Schedule E/F, copy the following:	
	9a. Domestic support obligations (Copy line 6a.)9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
	9d. Student loans. (Copy line 6f.)	\$0.00
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) 9g. Total . Add lines 9a through 9f.	+ \$

	(Case 19-30048-II	kg Doc 5	Filed 01/18/19	Page 10 of 59	
Fill in this	information to ide	ntify your case and this f	iling:			
Debtor 1	Shantiinaa First Name	R Middle Name	Gaston Last Name			
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name			
United States	s Bankruptcy Court for	the: Southern District of III	inois			
Case numbe	r					Check if this is an amended filing
Officia	l Form 106	A/B				
Sche	dule A/I	 B: Property	,			12/15
Part 1:	Describe Each R	umber (if known). Answe tesidence, Building, L egal or equitable interest	and, or Other R		or Have an Interest In	
☐ Yes.	Where is the prope	erty?	What is the prop	erty? Check all that apply.		
4.4			Single-family h	nome	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on Schedule D:
1.1 Si	treet address, if availab	ble, or other description		•	Current value of the entire property?	
	ity	State ZIP Code	☐ Land ☐ Investment pro ☐ Timeshare ☐ Other		Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
G	ounty		Debtor 1 only Debtor 2 only Debtor 1 and D At least one of	the debtors and another	Check if this is co (see instructions)	mmunity property
If you ov	vn or have more tha	an one, list here:				
,				erty? Check all that apply		

			■ Manufactured or mobile home
			☐ Land
			☐ Investment property
City	State	ZIP Code	☐ Timeshare
City	State	ZII Code	Other
			Who has an interest in the pro

Street address, if available, or other description

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

entire property?

Current value of the Current value of the portion you own?

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

has an interest in the property? Check one.

Debtor	1	only
Debtor		

Single-family home

Duplex or multi-unit building

☐ Condominium or cooperative

Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

County

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tor 1	Shantiinaa First Name Middle	R Last Name	Gaston Cas	se number (if known)	
	That Name Mudde	Last Name			
1.3.	TO THE AMERICAN AND THE TOTAL PROPERTY CONTRACT OF THE TOTAL P		What is the property? Check all that app Single-family home	the amount of any	sured claims or exemptions. secured claims on Schedule ve Claims Secured by Prope
	Street address, if available	e, or other description	☐ Duplex or multi-unit building☐ Condominium or cooperative☐	Current value of entire property	of the Current value o
			☐ Manufactured or mobile home☐ Land	\$	\$
			Investment property	· · · · · · · · · · · · · · · · · · ·	
	City	State ZIP Code	Timeshare		ature of your ownershi
			Other		as fee simple, tenancy or a life estate), if know
			Who has an interest in the property?	Check one.	
	County		Debtor 1 only		
	County		Debtor 2 only	Charle is shi	s is community proper
			☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		
			Other information you wish to add ab	,	,
			property identification number:	out this item, such as local	
			II of your entries from Part 1, including here.		\$
2:	Describe Your V	/ehicles			
ou o	wn, lease, or have leg	al or equitable intere	st in any vehicles, whether they are reg		
ou o own t	wn, lease, or have legathat someone else drive	al or equitable intere s. If you lease a vehic	e, also report it on Schedule G: Executory		
ou o own t ars,	wn, lease, or have legant that someone else drive vans, trucks, tractors,	al or equitable intere s. If you lease a vehic	e, also report it on Schedule G: Executory		
ou o own t ars, 1 No 1 Ye	wn, lease, or have legathat someone else drive vans, trucks, tractors,	al or equitable intere s. If you lease a vehic	e, also report it on Schedule G: Executory	Contracts and Unexpired Lea	ases.
ou o own t ars, 1 No 1 Ye	wn, lease, or have legath that someone else drive vans, trucks, tractors, os Make:	al or equitable interes. If you lease a vehicles	e, also report it on Schedule G: Executory s, motorcycles	Check one. Do not deduct sectifie amount of any	ured claims or exemptions. secured claims on Schedul
ou on tars, li No	wn, lease, or have legath to someone else drive vans, trucks, tractors, os someone else Make:	al or equitable intere s. If you lease a vehicles sport utility vehicles Chrysler	e, also report it on Schedule G: Executory s, motorcycles Who has an interest in the property?	Check one. Do not deduct sect the amount of any Creditors Who Have	ured claims or exemptions. secured claims on Schedul ve Claims Secured by Propo
wn tars, No.	wn, lease, or have legalist someone else drive vans, trucks, tractors, os Make: Model: Year:	al or equitable interes. If you lease a vehicles sport utility vehicles Chrysler 200 2015	who has an interest in the property? Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Check one. Do not deduct sect the amount of any Creditors Who Hat Current value of entire property.	ured claims or exemptions. secured claims on Schedul ve Claims Secured by Prope
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ou o wyn t aars, 1 No	wn, lease, or have legalist someone else drive vans, trucks, tractors, os Make: Model: Year:	al or equitable interes. If you lease a vehicles sport utility vehicles Chrysler 200 2015	who has an interest in the property? Debtor 1 only Debtor 2 only At least one of the debtors and another	Check one. Do not deduct sectifie amount of any Creditors Who Hau Current value of entire property	ured claims or exemptions. secured claims on Schedul ve Claims Secured by Prope of the Current value of
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	Shantiinaa	R	Gaston	Case number (if ki	nown)	
	First Name Middle Name	Last N	Name			
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3.3.	Make:		Who has an interest in the	property? Check one.	Do not deduct secured cla	
	Model:		Debtor 1 only		the amount of any secure Creditors Who Have Clain	
	Year:		Debtor 2 only			AC77207000000000000000000000000000000000
			Debtor 1 and Debtor 2 only		Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:		At least one of the debtors	and another	on property.	,
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5.4.			Debtor 1 only		the amount of any secure Creditors Who Have Clain	
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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Check if this is commu	nity property (see	\$	\$
		****	instructions)			
	oples: Boats, trailers, motors,		other recreational vehicles, other ercraft, fishing vessels, snowmobil			
Exam ☑ No ☐ Ye	oples: Boats, trailers, motors, o es	personal wate		es, motorcycle accesso	Do not deduct secured cla	
Exam	oples: Boats, trailers, motors, o es Make:	personal wate	ercraft, fishing vessels, snowmobil	es, motorcycle accesso	ries	d claims on Schedule D:
Exam ☑ No ☐ Ye	nples: Boats, trailers, motors, o es Make: Model:	personal wate	ercraft, fishing vessels, snowmobil Who has an interest in the Debtor 1 only Debtor 2 only	es, motorcycle accesso property? Check one.	Do not deduct secured cla	d claims on Schedule D:
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Debtor 1

Shantiinaa

R

Gaston

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Case number (if known)

Part 3: Describe Your Personal and Household Items

Do	you own or have any le	egal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and	furnishings	
	Examples: Major applian	nces, furniture, linens, china, kitchenware	
	☐ No		
		living room set, headboard, nightstand, dresser/mirror, mattress, comforter set, kitchen table and chairs, spoons, forks, knives, shower curtains, towels, rug	\$400.00
7.	Electronics		
	collections; e	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music lectronic devices including cell phones, cameras, media players, games	
	☐ No ☐ Yes. Describe	1 flatscreen tv, cellphone	\$100.00
8.	Collectibles of value		
		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles	
	Yes. Describe		\$
9	Equipment for sports a	nd hobbies	
0.	Examples: Sports, photo	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments	
	☑ No	**************************************	
	Yes. Describe		\$
10.	Firearms		
		shotguns, ammunition, and related equipment	
	No Yes. Describe		\$
11	Clothes		a.
		thes, furs, leather coats, designer wear, shoes, accessories	
	Yes. Describe	shoes, coat, jacket, boots, pants, blouses, shirts, socks, underwear, belts,scarves	\$150.00
10	Jewelry		
12.	•	relry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
	No Yes. Describe	watch, earrings,costume jewelry	\$50.00
13	Non-farm animals		
10.	Examples: Dogs, cats, bi	irds horses	
	☑ No		
	Yes. Describe		\$
14.	Any other personal and	I household items you did not already list, including any health aids you did not list	
	☑ No		
	Yes. Give specific information		\$
15		all of your entries from Part 3, including any entries for pages you have attached	\$

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Debtor 1

Shantiinaa First Name

naa

Middle Name

R

Gaston

Case number (if known)_

Part 4: Describe Yo	ur Financial Assets		
Do you own or have any	legal or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash Examples: Money you No	have in your wallet, in your hon	ne, in a safe deposit box, and on hand when you file your peti	tion
		Cash:	\$0.00
		ints; certificates of deposit; shares in credit unions, brokerage ultiple accounts with the same institution, list each.	houses,
☑ Yes		Institution name:	
	17.1. Checking account:	Catholic Community Credit Union	\$ 307.00
	17.2. Checking account:		
	17.3. Savings account:	Catholic Community Credit Union	\$ 5.00
	17.4. Savings account:		\$
	17.5. Certificates of deposit:		\$
	17.6. Other financial account:		\$
	17.7. Other financial account:		\$
	17.8. Other financial account:		
	17.9. Other financial account:		\$
,	or publicly traded stocks investment accounts with brok	erage firms, money market accounts	
☐ Yes	Institution or issuer name:		
			<u> </u>
			\$ \$
19. Non-publicly traded s		rated and unincorporated businesses, including an inter	est in
✓ No	Name of entity:	% of owner	rship:
Yes. Give specific information about		0%	_% \$
them		0%	_% \$
			% \$

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20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No	ebtor 1 Shantiinaa		Gaston	Case number (if known)	
Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Issuer name:	First Name	Middle Name L	ast Name		
Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them	Cavarana and agen		and the second s	L. C.	tropologicologica (************************************
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Value Ves. Give specific information about them					
Yes, Give specific information about them					
information about them	☑ No				
\$ \$ \$ \$ \$ 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No		Issuer name:			
Samples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No					\$
21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No					\$
Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No					\$
Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No	Patiroment or pension	a accounte			
Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: \$ Pension plan: \$ IRA: \$ Retirement account: \$ Keogh: \$ Additional account: \$ Additional account: \$ 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: Electric: \$	•		01(k), 403(b), thrift savings accou	nts, or other pension or profit-sharing plans	S
account separately. Type of account: Institution name: 401(k) or similar plan: \$ Pension plan: \$ Pension plan: \$ IRA: \$ Retirement account: \$ Keogh: \$ Additional account: \$ Additional account: \$ Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: Electric: \$ Institution name or individual:	☑ No				
401(k) or similar plan: Pension plan:		Turns of accounts	lastitution across		
Pension plan: Retirement account: \$ \$ \$ \$ \$ \$ \$ \$ \$	account separately.	Type or account:	institution name:		
Retirement account: \$		401(k) or similar plan;			\$
Retirement account: Keogh: Additional account: S Additional account: S 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No No Institution name or individual: Electric: S S		Pension plan:			\$
Additional account: Additional account: S Additional account: S 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No No Institution name or individual: Electric: \$		IRA:			\$
Additional account: Additional account: S		Retirement account:			\$
22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: Electric: \$		Keogh:			\$
22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes		Additional account:			\$
22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: Electric: \$		Additional account:			\$
Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: Electric: \$					
Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: Electric: S	Convity deposits and	propayments			
companies, or others ✓ No ☐ Yes	• •		nade so that you may continue se	rvice or use from a company	
✓ No ☐ Yes		with landlords, prepa	d rent, public utilities (electric, gas	s, water), telecommunications	
Yes Institution name or individual: Electric: \$	·				
Electric:\$		lo	etitution name er individual:		
	Tes		stitution name of individual.		
5		_			\$
Heating oil:					D
Convite deposit on rental unit		-	ntal unit:		\$
					\$ \$
Telephone					\$
Weber		_			\$
Desired from the con-		_			\$
Other		Other:			
<u></u>					Ψ
23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)			of money to you, either for life or	for a number of years)	
	. Annuities (A contract i	or a periodic pavment		• •	
Yes Issuer name and description:		or a periodic payment			
	☑ No				
	☑ No				\$

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Debtor 1				Case number (if known)	
W 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	First Name Middle Name	e Last Name		•	
	*** *** *** *** *** **** **** **** **** ****		80 VAA-LANA 2	A CONTRACTOR OF THE STATE OF TH	A 275-A 2000 (1000 MARINER) (A 200-A 2 - MAR
	s in an education IRA, in C. §§ 530(b)(1), 529A(b), ;		qualified ABLE program, or	under a qualified state tuition program.	
☑ No	3. 33 300(b)(1), 3237(b), 6	and 525(5)(1).			
		estitution name and	description. Congretally file the	e records of any interests.11 U.S.C. § 521(0).
	in:	sutution name and	description. Separately life the	e records of any interests. 11 U.S.C. § 521(C);
					\$
	_				\$
					\$
	equitable or future inter able for your benefit	ests in property (other than anything listed in	line 1), and rights or powers	
No No	able for your benefit				
	Give specific				***************************************
	mation about them				\$
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	mation about them				\$
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oney or p	property owed to you?				Current value of the
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Gaston

R

Shantiinaa

Debtor 1	Shantiinaa			Gaston	Case number (if known)	
	First Name	Middle Name	Last Name			
		- Tartife designers	21 des 21 de	. w	1. 75 " AAMMANA	
31. Interests	in insurance	policies				
Example	s: Health, disa	bility, or life insu r a	nce; health savir	igs account (HSA); cree	dit, homeowner's, or renter's insurance	
No						
☐ Yes.	Name the insu	rance company	Company name	٥٠	Beneficiary:	Surrender or refund value:
	of each policy	and list its value.		<i>.</i>	beneficiary.	Carrendor of Fordina Value.
						\$
						\$
						\$
22 Any into	ract in propa	rty that is due yo	u from comoone	who has died		
-		-			olicy, or are currently entitled to receive	
		eone has died.			one,, or an elementary entitled to receive	
No						
Yes.	Give specific i	nformation	•	400,000,000		
						\$
33 Claime a	nainst third n	arties whether	or not you have	filed a laweuit or mad	e a demand for payment	
				nims, or rights to sue	o a domaina for payment	
☑ No		,	,	. , .		
	Describe each	n claim		***************************************		***************************************
- 103.	Describe edon	oldini.				\$
34. Other co	ntingent and	unliquidated clai	ms of every nat	ure, including counte	rclaims of the debtor and rights	
to set of		,		,		
No			Control of the Contro			18745
Yes.	Describe each	ı claim	•			
						\$
35. Any finar	ncial assets y	ou did not alread	ly list			
☑ No	-		-			
_	Give specific i	nformation				
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		_			for pages you have attached	312.00
for Part 4	4. write that n	number nere				\$
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Part 5:	Describe A	Any Business	-Related Pro	perty You Own o	r Have an Interest In. List any re	eal estate in Part 1.
		ny legal or equita	able interest in a	ny business-related p	property?	
	o to Part 6.					
☐ Yes.	Go to line 38.					
						Current value of the
						portion you own?
						Do not deduct secured claims or exemptions.
20 Account	e rocciushle s	or commissions :	ou already ear	ned.		
	s receivable (or commissions y	ou aireauy earr	ieu		
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☐ Yes.	Describe					\$
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Debtor 1	Snantiinaa First Name	Middle Name	K	Gaston	Case number (if known)	
	First Name	Middle Name	Last Name			
40. Machine	ry, fixtures, ed	quipment, su	pplies you us	e in business, and tools of	your trade	
□ No						
	n	50000000000000000000000000000000000000	person or person of the second			MANAGE STATE OF THE STATE OF TH
☐ Yes.	Describe					\$
	lancon .					
41. Inventor	У					
□ No				The state of the s		Marie Carlos
☐ Yes.	Describe					\$
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42 Interests	in partnershi	ns or joint ve	entures			
□ No	P	,				
	Danasila -					
Tes.	Describe	Name of entity	<i>/</i> :-		% of ownership:	
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43 Custome	er lists, mailing	a liete or oth	or compilation	••		
□ No	i iists, maiiii	g iists, or our	er compnation	15		
	Do your lists i	inaluda nara	anally identify	able information (as defined	in 44 11 C C C 404/44 A \\ 2	
		include perso	many identina	ible information (as defined	In 11 U.S.C. § 101(41A))?	
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Part 6:	Describe An	ıy Farm- an	d Commerci	al Fishing-Related Prop	erty You Own or Have an Interest I	n.
	If you own or	have an inter	est in farmlar	id, list it in Part 1.		
46. Do you o	wn or have ar	ny legal or eq	uitable intere	st in any farm- or commerc	ial fishing-related property?	
☑ No. 0	Go to Part 7.					
Yes.	Go to line 47.					
						Current value of the
						portion you own?
						Do not deduct secured claims
47 F	:ala					or exemptions.
47. Farm ani						
	s: Livestock, po	ouitry, farm-ra	ised fish			
☐ No						
Yes		<u> </u>	1948/1948/1948/1946/1946/1946/1946/1946/1946/1946/1946	***************************************		
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			Last Name				Case number (if known)_			
	First Name M	fiddle Name	Last Name							
18. Crops—ei	ther growing or	r harvested								
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	ive specific ation								nagor un sain sain sain sain sain sain sain sai	
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☐ No		iem, impien	ients, macini	iery, fixtures,		s of trade				
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_	fishing supplie	s, chemical	s, and feed							
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Port 7	escribe All	Property	You Own	or Have a			t You Did Not L	ist Above		
Part 7: D				oa.c a	n Intere	est in Ina				
						est in Tha				
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Deb						
	tor 1 Sha	antiinaa _{Name}	R Middle Name	Gasto Last Name	<u>n</u>	
	tor 2 use, if filing) First I	Name	Middle Name	Last Name		
Unite	ed States Bankr	ruptcy Court for the: S	Southern Distric	ct of Illinois		
	e number					☐ Check if this is an amended filing
Offi	icial For	m 106C				
			e Prop	erty You	Claim as Exempt	04/16
Using space	the property is needed, fil	you listed on Sche	dule A/B: Prop this page as m	perty (Official Form 10	together, both are equally responsible for s 6A/B) as your source, list the property that Additional Page as necessary. On the top	you claim as exempt. If more
speci of an retire limits	ific dollar am y applicable ment funds— s the exempti	ount as exempt. A statutory limit. So -may be unlimited	Alternatively, yome exemption d in dollar amoun	you may claim the forms—such as those for ount. However, if you and the value of the	e amount of the exemption you claim. Or ull fair market value of the property being for health aids, rights to receive certain b ou claim an exemption of 100% of fair ma ne property is determined to exceed that	g exempted up to the amount penefits, and tax-exempt urket value under a law that
Par	t 1: Ident	ify the Propert	y You Claim	as Exempt		
			_	•	n if your spouse is filing with you.	
		aiming state and fe aiming federal exe		kruptcy exemptions. 1	1 U.S.C. § 522(b)(3)	
		3	•			
2. F	For any prope	erty you list on So	chedule A/B th	hat you claim as exe	mpt, fill in the information below.	
		tion of the propert 3 that lists this pro		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
				Copy the value from		
				Schedule A/B	Check only one box for each exemption.	
	Brief description:	Personal Pr	operty		✓ \$ 700.00 100% of fair market value, up to	625 ILCS 45/3A-7; 735 ILCS 5/12-1001
		6 12	operty	Schedule A/B	2 1 \$ 700.00	
	description: Line from Schedule A/B Brief	6 12	operty	Schedule A/B		
	description: Line from Schedule A/B	6-12	operty	Schedule A/B	■ \$\frac{700.00}{100% of fair market value, up to any applicable statutory limit	
	description: Line from Schedule A/B Brief description: Line from	6-12	operty	Schedule A/B	\$ 700.00 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit	
	description: Line from Schedule A/B Brief description: Line from Schedule A/B Brief	6-12	operty	\$ 700.00 \$\$	\$ 700.00 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit	
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3.	description: Line from Schedule A/B Brief description: Line from Schedule A/B Brief description: Line from Schedule A/B Are you clair (Subject to ad	6-12	d exemption o	\$ 700.00 \$	\$ 700.00 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit	ILCS 5/12-1001
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Debtor 1

Shantiinaa

Gaston

Case number (if known)_____

Part 2:

Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B:		any applicable statutory limit	
Brief description:	\$	<u> </u>	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	\$ 100% of fair market value, up to	
Line from Schedule A/B:		any applicable statutory limit	
Brief description:	\$	\$	
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Brief description:	\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B:		any applicable statutory limit	
Brief description:	\$	_ _ \$	
Line from Schedule A/B: ———		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	_ 🗆 \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	

	Fill in this in	formation to identify	vour case:						
•					Castan				
	Debtor 1	Shantiinaa First Name	R Middle Nam	ne	Gaston Last Name				
	Debtor 2 (Spouse, if filing)	First Name	Middle Nam	ne	Last Name	_			
	United States	Bankruptcy Court for the:	Southern D	istrict of Illinois					
	Case number								ration to the
L	(If known)							☐ Check i amende	
									-
		Form 106D							
	Sched	lule D: Cred	litors	Who H	ave Clair	ns Secure	ed by Prop	erty	12/15
		lete and accurate as p							
		ages, write your name				imber the entries, a	and attach it to this	iorm. On the top of	ally
1	Do any cr	editors have claims s	ecured by	vour property	,				
	_	neck this box and submi	-			iles. You have nothi	ng else to report on t	nis form.	
	☑ Yes. F	ill in all of the information	on below.						
	Part 1: Li	st All Secured Clai	ms						
							Column A	Column B	Column C
2	for each cl	cured claims. If a creditation. If more than one of	creditor has	s a particular cla	aim, list the other or	editors in Part 2.	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
	As much a	as possible, list the clair	ms in alpha	betical order ac	cording to the credi	tor's name.	value of collateral.	claim	If any
	Bridge			Describe the p	roperty that secures	s the claim:	\$17,802.00	\$	\$
	Creditor's Na	x 29018		2015 Chrysl	er 200				
	Number	Street					\$ 1 1 1 1 1 1 1		
				As of the date y	you file, the claim is	S: Check all that apply.			
	Phoeni	x AZ 8	35038	Unliquidated					
000.00000	City	State Z	IP Code	☐ Disputed					
	Who owes	the debt? Check one.		Nature of lien.	Check all that apply.				
	Debtor 1	•			nt you made (such as	mortgage or secured			
	Debtor 2	•		car loan) Statutory lier	n (such as tax lien, me	chanic's lien)			
		and Debtor 2 only one of the debtors and and	other	☐ Judgment lie		,			
	_	f this claim relates to a		Other (include	ling a right to offset) _		_		
0.00	commu	nity debt							
	Date debt v	vas incurred <u>06/17/2</u>	2017	and the contraction of the first of the contraction	account number _		_		•
Ľ	Creditor's Na	200		Describe the p	roperty that secure	s the claim:	\$	\$	\$
A	Creditor's Na	arrie	***************************************				***************************************		
	Number	Street		Ac of the date	you file the claim is	s: Check all that apply			
1000				Contingent	you me, the claim is	s. Oneck an that apply			
500000				☐ Unliquidated	l				
	City	State Z	IP Code	☐ Disputed					
		the debt? Check one.			Check all that apply.				
A. 100 A. 10 A. 10 A.	Debtor 1	•		An agreeme car loan)	nt you made (such as	mortgage or secured			
WWW		and Debtor 2 only		_ ′	n (such as tax lien, me	echanic's lien)			
	_	one of the debtors and and	other		en from a lawsuit				
to decrease and		if this claim relates to a	ı	■ Other (included)	aing a right to offset) _		_		
		unity debt was incurred		Last 4 digits o	f account number _				
1	Date dept i								Market Market Street St

17,802.00

Add the dollar value of your entries in Column A on this page. Write that number here:

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Debtor 1	Shantiinaa First Name	Middle Name	R Last	Gaston	Case nur	mber (if known)		
Part 1:	Additional Pa After listing any by 2.4, and so f	entries on th	is page	, number them beginning with 2.3,	followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
			De	scribe the property that secures the	claim:	\$	\$	\$
Creditor	's Name Street				***************************************			
City		State ZIP Code			ck all that apply.			
18 05	4b d. L40 Ob		.	Disputed				
_	ves the debt? Chec tor 1 only	k one.	_	ture of lien. Check all that apply. An agreement you made (such as mortgate car loan)	age or secured			
☐ Debt	tor 1 and Debtor 2 or ast one of the debtor	•		Statutory lien (such as tax lien, mechanic Judgment lien from a lawsuit	's lien)			
	ck if this claim rel munity debt	ates to a				-		
Date de	bt was incurred _	EMPCOND.CO.C.	La	st 4 digits of account number				
Creditor	's Name		De	scribe the property that secures the	claim:	\$	\$	\$
Number	Street		-					
			_	of the date you file, the claim is: Che	ck all that apply.			
				Contingent Unliquidated				
City		State ZIP Code		Disputed				
_	ves the debt? Chec	k one.	Na	ture of lien. Check all that apply.				
☐ Debt	tor 1 only tor 2 only			An agreement you made (such as mortg car loan)				
	tor 1 and Debtor 2 or east one of the debto	•		Statutory lien (such as tax lien, mechanic Judgment lien from a lawsuit	c's lien)			
	ck if this claim rel	ates to a				_		
Date de	bt was incurred _		La	st 4 digits of account number				
000000000000000000000000000000000000000		\$\$\$75.50.00\u00e400000000000000000000000000000000	De	scribe the property that secures the	claim:	\$	\$	\$
Credito	r's Name r Street							
			***************************************			e de la constant de l		
City		State ZIP Code	_ 0	of the date you file, the claim is: Che Contingent Unliquidated Disputed	еск аш тпат арргу.			
Who ov	ves the debt? Che	ck one.	Na	ture of lien. Check all that apply.				
	itor 1 only itor 2 only			An agreement you made (such as mortg car loan)	-			
☐ Deb	tor 1 and Debtor 2 o			Statutory lien (such as tax lien, mechanic Judgment lien from a lawsuit	c's lien)			
	east one of the debto			Other (including a right to offset)		_		
con	nmunity debt							
	ebt was incurred			st 4 digits of account number			٦	
8				Column A on this page. Write that		\$	_	
	f this is the last p Vrite that numbe		rm, add	d the dollar value totals from all pa	iges.	\$	-	

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Shantiinaa Gaston Debtor 1 Case number (if known)_ Part 2: List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor? $\frac{2.1}{}$ Drivetime Name Last 4 digits of account number _ 4020 Indian School Road Number Street Phoenix ΑZ 85018 City State ZIP Code On which line in Part 1 did you enter the creditor? ___ Name Last 4 digits of account number ___ __ ___ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? ___ Name Last 4 digits of account number ___ __ __ Number Street ZIP Code City State On which line in Part 1 did you enter the creditor? _____ Name Last 4 digits of account number ____ ___ Number Street State ZIP Code City On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ___ __ __ __ Name Number Street City ZIP Code State On which line in Part 1 did you enter the creditor? ___ Last 4 digits of account number ____ ___ Name Number Street City State ZIP Code

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				0.00
information to ident	ify your case:			
Shantiinaa	R	Gaston		
First Name	Middle Name	Last Name		
g) First Name	Middle Name	Last Name		
s Bankruptcy Court for t	ne: Southern District of	Illinois		☐ Check if this is a
r				amended filing
Form 106E/	F		_	
ule E/F: C	_ reditors Wh	no Have Unsec	ured Claims	12/15
	Shantiinaa First Name Bankruptcy Court for the	Shantiinaa R First Name Middle Name Bankruptcy Court for the: Southern District of r	Shantiinaa R Gaston First Name Middle Name Last Name Bankruptcy Court for the: Southern District of Illinois Form 106E/F	Shantiinaa R Gaston First Name Middle Name Last Name g) First Name Middle Name Last Name Bankruptcy Court for the: Southern District of Illinois

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

	De como de la companya de la company				
	Do any creditors have priority unsecured claims	s against you?			
	No. Go to Part 2.				
	Yes.				
	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the c	reditor has more than one priority unsecured claim, list the a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's national Part 1. If more than one creditor holds a particular claim instructions for this form in the instruction booklet.)	at claim here ar ame. If you hav	nd show both e more than t	priority and wo priority
	(r or an explanation or each type of elain, ess are i		Total claim	Priority amount	Nonpriority amount
2.1		Last 4 digits of account number	\$	\$	\$
	Priority Creditor's Name				
	Number Street	When was the debt incurred?			
	Number Street				
		As of the date you file, the claim is: Check all that apply	1.		
	City State ZIP Code	Contingent			
	Who incurred the debt? Check one.	Unliquidated			
	Debtor 1 only	☐ Disputed			
	Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only				
	☐ At least one of the debtors and another	☐ Domestic support obligations			
7.7	☐ Check if this claim is for a community debt	☐ Taxes and certain other debts you owe the government			
	•	 Claims for death or personal injury while you were intoxicated 			
	Is the claim subject to offset?	Other. Specify			
	☐ Yes	Other. Specify	-		
	☐ Yes				00C/CCC0000000000000000000000000000000
2.2	Priority Creditor's Name	Last 4 digits of account number	\$	_ \$	\$
	Phonty Creditor's Name	When was the debt incurred?			
	Number Street				
		As of the date you file, the claim is: Check all that apply	/ -		
		☐ Contingent			
*****	City State ZIP Code	☐ Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
2000	Debtor 1 only	Type of PRIORITY unsecured claim:			
2 444	Debtor 2 only	Domestic support obligations			
THE STATE OF THE S	Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
3	At least one of the debtors and another	Claims for death or personal injury while you were			
W	Check if this claim is for a community debt	intoxicated			
W. W	Is the claim subject to offset?	Other. Specify			
*	□ No	. ,	_		
SE S	☐ Yes				

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Debtor 1

Shantiinaa First Name Mi

Gaston

Case number (if known)_

listing any entries on this page, number them	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriorit amount
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated☐ Disputed			
Who incurred the debt? Check one. Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	☐ Taxes and certain other debts you owe the government			
☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
ls the claim subject to offset? □ No	Other. Specify			
Yes	Last 4 digits of account number	\$	\$	s
Priority Creditor's Name	Last 4 digits of account number	· · · · · · · · · · · · · · · · · · ·	. *	¥
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
 □ At least one of the debtors and another □ Check if this claim is for a community debt 	☐ Claims for death or personal injury while you were intoxicated			
Is the claim subject to offset?	Other. Specify			
□ No □ Yes				
Testing the second of the seco	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name	-	·		
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were intoxicated			
☐ Check if this claim is for a community debt	Other. Specify			480,000,000
ls the claim subject to offset?				
□ No				

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Debtor 1

Shantiinaa
First Name Middle Name

R

Gaston

Case number (if known)_

Pa	rt 2: List All of Your NONPRIORITY Un	secured Clain	ns		
3.	Do any creditors have nonpriority unsecured o ☐ No. You have nothing to report in this part. Su ☐ Yes				
	nonpriority unsecured claim, list the creditor separ	rately for each cl	ral order of the creditor who holds each claim. If a creditor has aim. For each claim listed, identify what type of claim it is. Do not m, list the other creditors in Part 3.If you have more than three no	list clain	ns already
	1			Total	claim
1	Syncb/TJX CO PLCC Nonpriority Creditor's Name		Last 4 digits of account number	\$	800.00
	PO Box 965015		When was the debt incurred? $\frac{12/13/2017}{}$	¥	
	Number Street				
	Orlando FL City State	32896 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code			
	Who incurred the debt? Check one.		☑ Contingent ☐ Unliquidated		
	Debtor 1 only		Disputed		
	Debtor 2 only				
	☐ Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another		☐ Student loans		
	lacksquare Check if this claim is for a community debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	į.	
	☑ No		other. Specify charge account		
	☐ Yes				
.2	Americollect		Last 4 digits of account number	\$	52.00
	Nonpriority Creditor's Name		When was the debt incurred?		
	1851 S Alverno Rd				
	Number Street				
	Manitowoc WI	54220 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	Contingent		
	Who incurred the debt? Check one.		☐ Unliquidated☐ Disputed		
	Debtor 1 only Debtor 2 only		- Disputed		
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another		☐ Student loans		
	☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce		
	•		that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	ı	
	Is the claim subject to offset? ✓ No		other. Specify medical		
	Yes		· · · · · · · · · · · · · · · · · · ·		
.3	Consumer Collection Management	**************************************		500/5000000000000000000000000000000000	
	Consumer Collection Management Nonpriority Creditor's Name		Last 4 digits of account number	\$	280.00
	P.O. Box 1839		When was the debt incurred?		
	Number Street	200.40			
	Maryland Heights MO	63043 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	•	2 0000	✓ Contingent		
	Who incurred the debt? Check one.		Unliquidated		
	✓ Debtor 1 only ☐ Debtor 2 only		☐ Disputed		
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another		☐ Student loans		
	☐ Check if this claim is for a community debt		Student loansObligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?		that you did not report as priority claims		
	✓ No		Debts to pension or profit-sharing plans, and other similar debts Other. Specify retail	;	
	Yes		Other, Specify TCLall		

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Debtor 1

Shantiinaa
First Name Middle Name

R

Gaston

Case number (if known)____

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

r listing any entries on this pag	e, number the	em beginning with	4.4, followed by 4.5, and so forth.	Total clai
Consumer Collection Man	agement		Last 4 digits of account number	_{\$50}
Nonpriority Creditor's Name P.O. Box 1839		-	When was the debt incurred?	
Number Street Maryland Heights	MO	63043	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code		
141 1140 01 1			☐ Unliquidated	
Who incurred the debt? Check on	e.		☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONDRIORITY unsequent claim:	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and ar	nother		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Check if this claim is for a co	mmunity debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			✓ Other. Specify medical	
☑ No ☐ Yes				
Cash Net USA			Last 4 digits of account number 4 0 8 1	<u>\$ 2,144</u>
Nonpriority Creditor's Name	.t:- 4000		When was the debt incurred?	
175 W. Jackson BLVD, St Number Street	lie 1000		_	
Chicago	IL	60604	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Malle 1 dah40 Ob	_		Unliquidated	
Who incurred the debt? Check on	le.		☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
☐ At least one of the debtors and ar	nother		 Student loans Obligations arising out of a separation agreement or divorce that 	
☐ Check if this claim is for a co	mmunity daht		you did not report as priority claims	
	minumity debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			✓ Other. Specify loan	
☑ No ☐ Yes				
		en e	Last 4 digits of account number	\$
Nonpriority Creditor's Name			When was the debt incurred?	
Number Street			As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check or	20		Unliquidated	
	ic.		☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only				
At least one of the debtors and a	nother		 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that 	
☐ Check if this claim is for a co	mmunity dobt		you did not report as priority claims	
	mmamiy debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify	

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Debtor 1

Shantiinaa

Gaston

Middle Name First Name

Case number (if known)_

List Others to Be Notified About a Debt That You Already Listed Part 3:

nfinity Meds			On which entry in Part 1 or Part 2 did you list the original creditor?
lame			Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
800 E Carpenter St			Part 2: Creditors with Nonpriority Unsecured Claims
umber Street			Part 2: Creditors with Nonpriority Unsecured Claim
Springfield	IL State	62702 ZIP Code	Last 4 digits of account number
Club Fitness	State	ZII Code	On which entry in Part 1 or Part 2 did you list the original creditor?
lame			12 12 (Olaska and) D. Bart 4. Conditions with District Honoroused Claims
	953 W. US Highway 50		Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured Claims
Fairview Heights	IL State	62208 ZIP Code	Last 4 digits of account number
St. Elizabeth Hospital			On which entry in Part 1 or Part 2 did you list the original creditor?
One St. Elizabeth BLVD			Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
O'Fallon	IL State	62269 ZIP Code	Last 4 digits of account number
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
		<u></u>	Claims
City	State	ZIP Code	Last 4 digits of account number
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			□ Part 2: Creditors with Nonpriority Unsecured
			Claims
City	State	ZIP Code	Last 4 digits of account number
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
nand			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			□ Part 2: Creditors with Nonpriority Unsecured
			Claims

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Debtor 1

Shantiinaa First Name

Gaston

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government		\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e. Total . Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
age even in the second	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	3,326.00
	6j. Total. Add lines 6f through 6i.	6j.	\$	3,326.00

Fill in this	information to ident	tify your case:			
Debtor	Shantiinaa	R	Gaston		
Debtor 2	First Name	Middle Name	Last Name		
(Spouse If filing		Middle Name	Last Name		
		he: Southern District of I	llinois		
Case numbe (If known)					Check if this is an amended filing
					ag
Official	Form 106G	_			
Sched	ule G: Exe	ecutory Co	ntracts and	Unexpired Leases	12/15
nformation. dditional pa 1. Do you No.	If more space is ne ages, write your nar have any executory Check this box and fi	eded, copy the addition and case number (in contracts or unexpired this form with the countries of the count	onal page, fill it out, num if known). ed leases? ert with your other schedu	ether, both are equally responsible for supplying the entries, and attach it to this page. On the entries are attach it to this page. On the entries are attach it to this page. On the entries are attached at the entries at the entries are attached at the entries at the	the top of any
☐ Yes.	Fill in all of the infor	mation below even if the	e contracts or leases are I	isted on Schedule A/B: Property (Official Form 10	6A/B).
2. List sep	arately each person	or company with who	om you have the contractions for this form	ct or lease. Then state what each contract or le in the instruction booklet for more examples of ex	ease is for (for
	ed leases.	e, cen priorie). See the	msudcuons for this form	in the instruction bookiet for more examples of ex-	eculory contracts and
Person	or company with w	hom you have the con	tract or lease	State what the contract or lease is for	
1.					
Name					
Number	Street				
City		State ZIP Code			
2.2			etti oli kallannin kuta kuta kuta kuta kuta kuta kuta kuta	- MART PURSON CONTROL OF THE CONTROL	interiorista de como como de <mark>de del Partir de Carteriorista de como</mark> de como de contra de como de com
Name					
Number	Street				
City		State ZIP Code			
.3		and the state of t	00000000000000000000000000000000000000		
Name					
Number	Street				
City		State ZIP Code			
2.4	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	accidentation (i.e., Dip.) And the common definition and the common common control and the common of " " " " "	2000 1000 1000 1000 1000 1000 1000 1000	3 F888891-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Name					
Number	Street				
City		State ZIP Code			
2.5			######################################	S	
Name					
Number	Street				
City		State ZIP Code			

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Debtor 1		Shantiinaa First Name Middle	R	Last Name	Gaston	Case number (if known)	
		Additional Page	if You Ha	ve More Co	ntracts or Leases		
Pe		or company with				What the contract or lease is for	
	ame						
Nu	umber	Street	<u></u>				
Cit	ity		State	ZIP Code			
				5.55.6 .000000000000	and the second of the second o		
_	ame						
Nu	umber	Street					
Cir	ity		State	ZIP Code			
2				000000000000000000000000000000000000000			
Na	ame						
Nu	umber	Street					
Ci	ity		State	ZIP Code			
2	************						
Na	ame						
Ni	umber	Street					
Ci	ity		State	ZIP Code			
2	-		oooooooooooooooooooooooooooooooooooooo	en-altigationistantian (general actual) actual (iii			
	ame						
N	umber	Street					
Ci	ity		State	ZIP Code			
			Oldic	211 0000	00000000000000000000000000000000000000		
2 Na	ame						
	umber	Street					
		Olifet		715.0			
Ci	ity		State	ZIP Code	***************************************		
2	ame						
		C44					
	umber	Street					
Ci	ity		State	ZIP Code			
2							
	ame		w				
Ni	umber	Street					
C	ity		State	7ID Codo			

Fill ir	n this ir	nformation to ident	tify your case:		
Debto	or 1	Shantiinaa	R	Gaston	
		First Name	Middle Name	Last Name	
Debto (Spous		First Name	Middle Name	Last Name	_
Unite	d States	Bankruptcy Court for the	he: Southern District of I	Ilinois	
Case (If kno	number				
(II KIIC					Check if this is a amended filing
Offi	cial I	Form 106H			
			_ ur Codebtoı	rs	12/15
are fili and no	ing toge umber t	ether, both are equ	ually responsible for su poxes on the left. Attacl	applying correct informati	e. Be as complete and accurate as possible. If two married peop on. If more space is needed, copy the Additional Page, fill it out, his page. On the top of any Additional Pages, write your name ar
	. *	nave any codebtors	s? (If you are filing a join	nt case, do not list either sp	ouse as a codebtor.)
	Z No				
	Yes	L- I40 ba.			without 2 (Community property states and territories include
		-			rritory? (Community property states and territories include s, Washington, and Wisconsin.)
5	Z No. (Go to line 3.			
	Yes.	Did your spouse, fo	ormer spouse, or legal ed	quivalent live with you at the	e time?
	□ N				
	☐ Y	es. In which commu	unity state or territory dic	d you live?	Fill in the name and current address of that person.
	i	Name of your spouse, form	ner spouse, or legal equivalent		
	Ī	Number Street			
		City	State	ZIP Cod	
s S	shown i Schedu	in line 2 again as a le D (Official Form	codebtor only if that p	erson is a guarantor or c Official Form 106E/F), or S	debtor if your spouse is filing with you. List the person osigner. Make sure you have listed the creditor on Schedule G (Official Form 106G). Use Schedule D,
	Columi	n 1: Your codebtor			Column 2: The creditor to whom you owe the debt
					Check all schedules that apply:
					Schedule D, line
3.1	Name				
3.1					
3.1	Number	Street			☐ Schedule E/F, line
3.1	Number	r Street			Schedule E/F, line
		r Street	State	ZIPC	Schedule E/F, line
3.1	Number City	r Street	State	ZIPC	Schedule E/F, line
	Number	r Street	State	ZIPC	Schedule E/F, line Schedule G, line
	Number City		State	ZIPC	Schedule E/F, line Schedule G, line Delta Schedule D, line
	Number City Name		State		Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line
	Number City Name				Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line
3.2	Number City Name				Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line Schedule G, line
3.2	Number City Name Number City	r Street			Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line

Official Form 106H

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Debtor 1 Shantiinaa R Gaston
First Name Middle Name Last Name

Case number (if known)

	Ade	ditional Page to List	t More Codebtors			_
	Column 1: \	our codebtor			Column 2: The creditor to whom you owe the debt	
<u>-</u>					Check all schedules that apply:	
3					Schedule D, line	
	Name				☐ Schedule E/F, line	
	Number	Street			Schedule G, line	
	Number	Sueet			·	
	City	and the same of th	State	ZIP Code		
3						
	Name				Schedule D, line	
		·			□ Schedule E/F, line □ Schedule G, line	
	Number	Street			Gottleddie G, fille	
	City		State	ZIP Code	_	
3	Olig	>			A CONTRACTOR OF THE CONTRACTOR	****
<u>"-</u>]	Name				Schedule D, line	
					☐ Schedule E/F, line	
	Number	Street			Schedule G, line	
					_	
	City		State	ZIP Code		
3					_ Schedule D, line	
	Name				☐ Schedule E/F, line	
	Number	Stroot			Schedule G, line	
	Number	Street			· 	
	City		State	ZIP Code		
3						
	Name				Schedule D, line	
					□ Schedule E/F, line □ Schedule G, line	
	Number	Street			Schedule G, line	
	City		State	ZIP Code	_	
3						
لتا	Name				Schedule D, line	
					Schedule E/F, line	
	Number	Street			Schedule G, line	
					_	
	City		State	ZIP Code		
3					Schedule D, line	
	Name				☐ Schedule E/F, line	
	Number	Street			Schedule G, line	
3	City	***************************************	State	ZIP Code		
اا					Schedule D, line	
	Name				☐ Schedule E/F, line	
***************************************	Number	Street			Schedule G, line	
8	Mannoel	Suggi			· 	
	City		State	ZIP Code		2000000

Fill in this information to	identity your case:				
Debtor 1 Shantiina:	a R	Gaston			
Debtor 2					
(Spouse, if filing) First Name	Middle Name	Last Name			
	urt for the: Southern District of Illinois				
Case number (If known)				Check if th	
				☐ An ame	ended filing lement showing postpetition chapter 13
					as of the following date:
Official Form 106I				MM / DE	D/ YYYY
Schedule I:	Your Income				12/15
supplying correct information of the supplying correct informatic supplying supplying the supplying supplying the supplying su	ation. If you are married and not fil	ling jointly, and yo do not include in	our spouse is li formation abou	iving with yo it your spou	r 2), both are equally responsible for ou, include information about your spouse. use. If more space is needed, attach a nown). Answer every question.
Fill in your employme information.	nt	Debtor 1			Debtor 2 or non-filing spouse
If you have more than of attach a separate page information about addit employers.	with Employment status	EmployedNot employ	yed		☐ Employed ☐ Not employed
Include part-time, seas self-employed work.	onal, or Occupation	Assembler			
Occupation may include or homemaker, if it app	e student lies.		eoro II C		
	Employer's name	General Mot	OIS LLC		
	Employer's address	300 Renaiss	ance Drive		
		Number Street			Number Street
		 Detroit	MI	48243	
1000		City	State ZIP C		City State ZIP Code
	How long employed the	ere? 1year 8m	<u>t</u> hs		1year 8mths
Part 2: Give Deta	ils About Monthly Income				
		rm. If you have noth	ning to report for	any line, wr	ite \$0 in the space. Include your non-filing
	separated. spouse have more than one employ e space, attach a separate sheet to		ormation for all	employers fo	or that person on the lines
V ANIMALIA ANIMALIA			For I	Debtor 1	For Debtor 2 or non-filing spouse
	vages, salary, and commissions (but do nonthly, calculate what the monthly		2. <u>\$_2,</u>	896.00	\$
3. Estimate and list mo	nthly overtime pay.		3. +\$	0.00	+ \$
4. Calculate gross inco	me. Add line 2 + line 3.		4. \ \\$ 2,	,896.00	\$

Official Form 1061 Schedule I: Your Income page 1

Case number (if known)

Gaston

R

Shantiinaa

Debtor 1

For Debtor 1 For Debtor 2 or non-filing spouse 2,896.00 Copy line 4 here..... 5. List all payroll deductions: 324.00 5a. Tax, Medicare, and Social Security deductions 5a. 0.00 5b. Mandatory contributions for retirement plans 5b. 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 5d. Required repayments of retirement fund loans 5d 0.00 5e. 5e. Insurance 0.00 5f. Domestic support obligations 5f 0.00 5g. Union dues 5g 0.00 5h. Other deductions. Specify: 324.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 2,572.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 monthly net income. 8a 0.00 8b 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent Include alimony, spousal support, child support, maintenance, divorce 0.00 settlement, and property settlement. 8c 0.00 8d. Unemployment compensation 8d 8e. Social Security 0.00 8e 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 8f. Specify: 0.00 8g. Pension or retirement income 8g. 8h. Other monthly income. Specify: _ 8h. 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 0.00 10. Calculate monthly income. Add line 7 + line 9. 2,572.00 2,572.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 11. **+** Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 2,572.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? ☑ No. ☐ Yes. Explain:

Fill in this	s information to ident	ify your case:					
Debtor 1	Shantiinaa First Name	R	Gaston Last Name	Chec	k if this is:		
Debtor 2	First Name	Middle Name	Last Name		n amended fi	lina	
	ling) First Name	Middle Name	Last Name			-	petition chapter 13
United Stat	es Bankruptcy Court for the	ne: Southern District of Illin	nois			f the following	
Case numb	per		_	M	M / DD / YYYY	.	
Officia	Form 106J						
Sche	dule J: Y	our Expens	ses				12/15
information		eded, attach another sh		ng together, both are equ i. On the top of any addit			
Part 1:	Describe Your H	lousehold			*** ***		
1. Is this a	joint case?						
_	Go to line 2. Does Debtor 2 live in	a separate household?					
	□ No	·					
	Yes. Debtor 2 mus	t file Official Form 106J-2,	Expenses for S	Separate Household of Deb	tor 2.	······································	
2. Do you l	have dependents?	☑ No		Dependent's relationship	to	Dependent's	Does dependent live
Do not lis Debtor 2	st Debtor 1 and	Yes. Fill out this each dependent		Debtor 1 or Debtor 2	THE RESIDENCE OF PROPERTY.	age	with you?
	tate the dependents'	550,1 45,50,105,11					☐ No ☐ Yes
names.							☐ res
							Yes
							□ No
							☐ Yes
							□ No
							Yes
							□ No
							☐ Yes
expense	expenses include es of people other tha fand your dependent						

Part 2:		going Monthly Expen					
-	as of a date after the	, , ,	-	are using this form as a s ental <i>Schedule J</i> , check t	• •	•	•
Include ex	penses paid for with	non-cash government a	ssistance if you	u know the value of			
		ded it on Schedule I: Yo	•	·		Your expe	enses ··································
	ntal or home ownersh nt for the ground or lot.	ip expenses for your res	sidence. Include	e first mortgage payments a	and 4.	\$	615.00
	ncluded in line 4:						0.00
	eal estate taxes				4a.	\$	0.00
	roperty, homeowner's,				4b.	\$	0.00
	·	air, and upkeep expenses			4c.	\$	0.00
4d. Ho	omeowner's associatio	n or condominium dues			4d.	\$	0.00

Debtor 1 Shantiinaa R Gaston Case number (if known)_____

			Your expe	enses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	77.00
	6b. Water, sewer, garbage collection	6b.	\$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	260.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	250.00
8.	Childcare and children's education costs	8.	\$	0.00
9.		9.	\$	40.00
10.		10.	\$	50.00
11.		11.	\$	0.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	150.00
13.	The state of the s	13.	\$	150.00
14.	and the second s	14.	\$	0.00
15.				
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	237.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	447.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19	Other payments you make to support others who do not live with you. Specify:	19.	\$	0.00
20	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	7e.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	
	20c. Property, homeowner's, or renter's insurance	20c.	\$	
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Debtor 1	Shantiinaa R Gaston First Name Middle Name Last Name Case number (if ke	own)	
21. O th	er. Specify:	21.	+\$0.00
22. Cal	ulate your monthly expenses.		
22a	Add lines 4 through 21.	22a.	\$
22b	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22 b.	\$0.00
22c	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$\$
	late your monthly net income.		s 2,572.00
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	5
23b.	Copy your monthly expenses from line 22c above.	23b.	- \$2,276.00
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$296.00
24. Do y	ou expect an increase or decrease in your expenses within the year after you file this form?		
	xample, do you expect to finish paying for your car loan within the year or do you expect your age payment to increase or decrease because of a modification to the terms of your mortgage?		
☑ N	D		A-A-A-SI NOT KETON NAMED
☐ Y	es. Explain here:		
	Access Access		AN WYSACHER SEE
			The state of the s

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ill in this in					
	formation to identif	fy your case:			
ebtor 1	Shantiinaa	R	Gaston		
ebtor 2	First Name	Middle Name	Last Name		
pouse, if filing)	First Name	Middle Name	Last Name	_	
nited States	Bankruptcy Court for the	e: Southern District of II	llinois		
ase number fknown)					
					☐ Check if this is amended filing
Officia	l Form 106E)ec			
Deci	aration A	About an I	Individual	Debtor's Schedules	12/15
f two marı	ied people are filing	g together, both are e	qually responsible for	supplying correct information.	
	Sign Below				
☑ No	u pay or agree to pa	ay someone who is NC	OT an attorney to help	you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Decl	laration, and
☑ No		ay someone who is NC	OT an attorney to help	, ,	laration, and
☑ No □ Yes	. Name of person	l declare that Thave re		. Attach Bankruptcy Petition Preparer's Notice, Decl	laration, and
☑ No □ Yes	. Name of person	l declare that Thave re		Attach Bankruptcy Petition Preparer's Notice, Decl Signature (Official Form 119).	laration, and

Date MM / DD / YYYY

		oo-o mg	D0C 3	LIIEU 01/10/13	Page 41 of 59	
ill in this information	to identify your ca	se:				
Debtor 1 Shantiin	aa R.	Gaston				
First Name	Middle	Name	Last Name			
ebtor 2 Spouse, if filing) First Name	Middle	Name	Last Name			
nited States Bankruptcy	Court for the: Souther	n District of Illin	ois			
ase number			_			☐ Check if this is an
						amended filing
fficial Form 1	07					
tatement o	f Financia	Affairs	for Indi	ividuals Filin	g for Bankrup	tcv 04/1
		If hore money a		ing to poth on both one	qually responsible for su	
		iaiitai Otatus	and whiere	You Lived Before		
. What is your curren		14.11				
. What is your curre						
. What is your current Married Not married	nt marital status?	i anvwhere oth	er than wher	e vou live now?		
. What is your current Married Not married	nt marital status?	d anywhere oth	er than where	e you live now?		
Married Married Not married During the last 3 ye	nt marital status? ears, have you lived			e you live now? ude where you live now.		
. What is your current ☐ Married ☑ Not married During the last 3 yes	nt marital status? ears, have you lived	n the last 3 year		ude where you live now.		Dates Debtor 2 lived there
. What is your current Married Not married During the last 3 yes No Yes. List all of the	nt marital status? ears, have you lived	n the last 3 year	rs. Do not inclu	ude where you live now.		
. What is your current ☐ Married ☑ Not married During the last 3 years ☐ No ☑ Yes. List all of the Debtor 1:	nt marital status? ears, have you lived	n the last 3 year I	Dates Debtor	Debtor 2: Same as Debtor 1		lived there
Married Married Not married During the last 3 years No Yes. List all of the Debtor 1:	nt marital status? ears, have you lived	n the last 3 year	s. Do not inclu Dates Debtor lived there	Debtor 2: Same as Debtor 1 Dumber Street		lived there
Married Married Not married During the last 3 year No Yes. List all of the Debtor 1: 804 North Number St	ears, have you lived in places you lived in 74th Street	n the last 3 year	Dates Debtor lived there	Debtor 2: Same as Debtor 1 Dumber Street		lived there Same as Debtor
. What is your current ☐ Married ☐ Not married During the last 3 year ☐ No ☐ Yes. List all of the Debtor 1:	ears, have you lived in the places you lived in the places you lived in the places.	n the last 3 year	Dates Debtor lived there	Debtor 2: Same as Debtor 1 Dumber Street	State ZIP Code	lived there Same as Debtor

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

From

Number Street

State

ZIP Code

City

☑ No

Number

Street

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

State ZIP Code

Part 2:

Explain the Sources of Your Income

From __

To

tor 1	Shantiinaa R First Name Middle Name	R. G	aston	Case nu	mber (if known)	
Fill in If you	-	you received	d from all jobs and all busi	inesses, including part-ti	me activities.	ndar years?
√ Ye	es. Fill in the details.		an elementary last a series of the series of			
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current he date you filed for bank		✓ Wages, commissions, bonuses, tips✓ Operating a business	\$ 36,592.00	Wages, commissions, bonuses, tipsOperating a business	\$
	For last calendar year: January 1 to December 31,	2017	Wages, commissions, bonuses, tips	\$30,446.00	Wages, commissions, bonuses, tips	\$
. (•	January 1 to December 31,	, <u>2017</u>)	Operating a business	* 10% 10% Subdividence	Operating a business	
	For the calendar year before		Wages, commissions, bonuses, tips	\$ 21,077.00	Wages, commissions, bonuses, tips	\$
(,	January 1 to December 31,	, <u>2016</u>) YYYY	Operating a business		 Operating a business 	
Includ unem gamb	ou receive any other inco de income regardless of wh ployment, and other public ling and lottery winnings. If	ether that inco benefit paym you are filing	ome is taxable. Examples ents; pensions; rental inc a joint case and you have	of other income are alinome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once	suits; royalties; and
unem gamb List ea	de income regardless of wh iployment, and other public iling and lottery winnings. If ach source and the gross in	ether that inco benefit paym you are filing	ome is taxable. Examples ents; pensions; rental inc a joint case and you have	of other income are alinome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once	suits; royalties; and
unem gamb List ea	de income regardless of whiployment, and other public bling and lottery winnings. If ach source and the gross in o	ether that inco benefit paym you are filing	ome is taxable. Examples ents; pensions; rental inc a joint case and you have	of other income are alinome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once	suits; royalties; and
Includ unem gamb List ea	de income regardless of whiployment, and other public bling and lottery winnings. If ach source and the gross in o	ether that inco benefit paym you are filing	ome is taxable. Examples ents; pensions; rental inc a joint case and you have ach source separately. De	of other income are alinome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once t you listed in line 4.	suits; royalties; and e under Debtor 1. Gross income from each source
Includ unem gamb List ea M No	de income regardless of whiployment, and other public bling and lottery winnings. If ach source and the gross in o	nether that income benefit paym in you are filing noome from e	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. Debtor 1 Sources of income	Gross income from each source (before deductions and	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and
Includ unem gamb List ea	de income regardless of whaployment, and other public bling and lottery winnings. If ach source and the gross in oes. Fill in the details.	nether that income benefit paym in you are filing noome from e	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. Debtor 1 Sources of income	Gross income from each source (before deductions)	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and
Includunem gamb List ea	de income regardless of whe ployment, and other public bling and lottery winnings. If ach source and the gross in the second of the gross in the gross in the second of the gross in the gross	nether that income benefit paym in you are filing noome from e	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. Debtor 1 Sources of income	Gross income from each source (before deductions)	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and
Include unem gamb List ea No Ye	de income regardless of whaployment, and other public bling and lottery winnings. If ach source and the gross in oes. Fill in the details.	nether that income benefit paym fyou are filing ncome from e tryear until kruptcy:	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. Debtor 1 Sources of income	Gross income from each source (before deductions) Substitute of the content of t	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
Include unem gamb List ea No Ye	de income regardless of whaployment, and other public bling and lottery winnings. If ach source and the gross in oes. Fill in the details. From January 1 of currenthe date you filed for bank	nether that income benefit paym from are filing ncome from entry the second second from the second second second from the second secon	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. Debtor 1 Sources of income	Gross income from each source (before deductions) Substitute of the content of t	money collected from laws ed together, list it only once tyou listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
Include unem gamb List ea No Ye	de income regardless of whaployment, and other public bling and lottery winnings. If ach source and the gross in oes. Fill in the details. From January 1 of currenthe date you filed for bank	nether that income benefit paym fyou are filing income from e that year until kruptcy:	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. Debtor 1 Sources of income	Gross income from each source (before deductions) \$	money collected from laws ed together, list it only once tyou listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
Include unem gamb List ea No Ye	de income regardless of whaployment, and other public bling and lottery winnings. If ach source and the gross in the company of the company of the date you filed for bank for last calendar year: (January 1 to December 31)	nether that income benefit paym you are filing noome from e noome from	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. Debtor 1 Sources of income	s of other income are alinome; interest; dividends; e income that you receive on not include income that Gross income from each source (before deductions and exclusions) \$	money collected from laws ed together, list it only once tyou listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and exclusions) \$\[\] \$\] \$\] \$\] \$\] \$\] \$\] \$\] \$\] \$\] \$

Shantiinaa R. Gaston Debtor 1 Case number (if known) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. ☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payment 0.00 Metro Apartments 615.00 \$ ☐ Mortgage Creditor's Name ☐ Car 125 Idlebrook Drive ☐ Credit card Number Street ☐ Loan repayment ☐ Suppliers or vendors 62234 Collinsville IL City State ZIP Code ☐ Mortgage Creditor's Name ☐ Car ☐ Credit card Number Street Loan repayment ■ Suppliers or vendors Other_ State ZIP Code ■ Mortgage Creditor's Name ☐ Car ☐ Credit card Number Street Loan repayment ☐ Suppliers or vendors Other_ City State ZIP Code

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1	Snantiinaa First Name Middle	Name	Last Name		_	Case number (if known)	
046600000							
<i>nsid</i> corpo agen	orations of which you a	es; any genera re an officer, d usiness you op	al partners; rel irecto r , perso	atives of any n in control, o	general partners; p r owner of 20% or r	artnerships of whic more of their voting	who was an insider? h you are a general partner; securities; and any managing r domestic support obligations,
1	lo						
☐ Y	es. List all payments to	an insider.					
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
					•	•	
	Insider's Name				\$	\$	
	Number Chart						VBP V CONTRACTOR OF THE PROPERTY OF THE PROPER
	Number Street						
	City	State	ZIP Code				The state of the s
	1.07.527.27.1	**************************************	W. W. MANNEY & P. C.	***************************************		75W500 5 -5	
	Insider's Name		 -		\$	\$	
	Number Street						
	Number Sireet						
	City	State	ZIP Code				
Inclu	asider? de payments on debts do 'es. List all payments th			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
	Insider's Name				\$	\$	
	insider's Name						
	Number Street	-					
	City	State	ZIP Code				11111000000000000000000000000000000000
					\$	\$	
	Insider's Name				Y		
	Niverbase 200						
	Number Street						

or 1	Shantiinaa R. First Name Middle Name	Last Name		Case number (if known		
ırt 4:	Identify Legal Actions,	Repossession	ns, and Foreclosur	9S		
				awsuit, court action, or admi livorces, collection suits, pater		
	ontract disputes.	mai mjary cases,	Small claims actions, c	nvorces, concentratins, pater	inty actions, supp	or or custody modification
⊠ No)					
☐ Ye	es. Fill in the details.					
		Natur	e of the case	Court or agency		Status of the case
		2.00				— Pending
С	Case title			Court Name		On appeal
_				Number Street		Concluded
_	Case number			Number Street		_ 0011010000
C	,			City Stat	e ZIP Code	
	. 1 - 55.1 . 1 995 897-889					
С	Case title			Court Name		— Pending
						On appeal
_				Number Street		Concluded
С	Case number					
				City Stat	e ZIP Code	
Check ☑ No	n 1 year before you filed for I call that apply and fill in the de o. Go to line 11. es. Fill in the information below	etails below.	s any of your property	repossessed, foreclosed, ga		ed, seized, or levied?
Check Mo	all that apply and fill in the de Go to line 11.	etails below.		repossessed, foreclosed, ga		
Check Mo	all that apply and fill in the de Go to line 11.	etails below.	s any of your property Describe the prope	repossessed, foreclosed, ga	arnished, attach	ed, seized, or levied? Value of the property
Check v No	all that apply and fill in the deco. Go to line 11. as. Fill in the information below	etails below.		repossessed, foreclosed, ga	arnished, attach	
Check	all that apply and fill in the de Go to line 11.	etails below.		repossessed, foreclosed, ga	arnished, attach	Value of the property
Check ☑ No	all that apply and fill in the deco. Go to line 11. as. Fill in the information below	etails below.		repossessed, foreclosed, ga	arnished, attach	Value of the property
Check v No	s all that apply and fill in the deco. Go to line 11. es. Fill in the information below Creditor's Name	etails below.	Describe the prope Explain what happe	repossessed, foreclosed, ga	arnished, attach	Value of the property
Check v No	s all that apply and fill in the deco. Go to line 11. es. Fill in the information below Creditor's Name	etails below.	Describe the prope	repossessed, foreclosed, ga	arnished, attach	Value of the property
Check v No	s all that apply and fill in the deco. Go to line 11. es. Fill in the information below Creditor's Name	etails below.	Explain what happe Property was Property was Property was	repossessed, foreclosed, garty ined repossessed. foreclosed. garnished.	arnished, attach	Value of the property
Check v No	call that apply and fill in the decor. Go to line 11. es. Fill in the information below Creditor's Name Number Street	etails below.	Explain what happe Property was Property was Property was	repossessed, foreclosed, gate ty	arnished, attach	Value of the property
Check v No	x all that apply and fill in the decoration. Go to line 11. es. Fill in the information below Creditor's Name Number Street	etails below.	Explain what happe Property was Property was Property was	repossessed, foreclosed, gate ty ned repossessed, foreclosed, garnished, attached, seized, or levied.	arnished, attach	Value of the property
Check Mo	x all that apply and fill in the decoration. Go to line 11. es. Fill in the information below Creditor's Name Number Street	etails below.	Explain what happe Property was Property was Property was Property was Property was	repossessed, foreclosed, gate ty ned repossessed, foreclosed, garnished, attached, seized, or levied.	Date	Value of the property \$ Value of the property
Check Mo	x all that apply and fill in the decoration. Go to line 11. es. Fill in the information below Creditor's Name Number Street	etails below.	Explain what happe Property was Property was Property was Property was Property was	repossessed, foreclosed, gate ty ned repossessed, foreclosed, garnished, attached, seized, or levied.	Date	Value of the property
Check v No	call that apply and fill in the decoration. Go to line 11. es. Fill in the information below Creditor's Name Number Street City St	etails below.	Explain what happe Property was Property was Property was Property was Property was	repossessed, foreclosed, gate ty ned repossessed, foreclosed, garnished, attached, seized, or levied.	Date	Value of the property \$ Value of the property
Check Mo	call that apply and fill in the decoration. Go to line 11. es. Fill in the information below Creditor's Name Number Street City St	etails below.	Describe the prope Explain what happe Property was Property was Property was Property was Describe the prope	repossessed, foreclosed, gamed repossessed. foreclosed. garnished. attached, seized, or levied.	Date	Value of the property \$ Value of the property
Check Mo	call that apply and fill in the decoration. Go to line 11. es. Fill in the information below. Creditor's Name Number Street City St	etails below.	Describe the prope Explain what happe Property was Property was Property was Property was Describe the prope Explain what happe	repossessed, foreclosed, gamed repossessed. foreclosed. garnished. attached, seized, or levied. rty	Date	Value of the property \$ Value of the property
Check Mo	call that apply and fill in the decoration. Go to line 11. es. Fill in the information below. Creditor's Name Number Street City St	etails below.	Describe the prope Explain what happe Property was Property was Property was Property was Describe the prope Explain what happe	repossessed, foreclosed, gamed repossessed. foreclosed. garnished. attached, seized, or levied. rty	Date	Value of the property \$ Value of the property
Check Mo	Creditor's Name Creditor's Name Creditor's Name Creditor's Name	etails below.	Describe the prope Explain what happe Property was Property was Property was Property was Describe the prope Explain what happe	repossessed, foreclosed, gamed repossessed. foreclosed. garnished. attached, seized, or levied. rty	Date	Value of the property \$ Value of the property

Shantiinaa

R.

Gaston

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Snan First Na	ntiinaa me Mi	R.	Gaston Last Name	Case numb	DEF (if known)	
			kruptcy, did any creditor, ind because you owed a debt?	cluding a bank or financi	al institution, set off any an	nounts from your
No	reluse to i	nake a payment	because you owed a debt:			
No Yes. Fill in	the details					
res. Fill in	i the details	5.				
			Describe the action the o	creditor took	Date action	Amount
Creditor's Na	me			1.00	was taken	
Creditor S Na.	1116					
Number St	treet					\$
Number 5	a eet					
			Commission of Commission of States o	THE RESERVE OF THE PARTY OF THE		
City		State ZIP Cod	Last 4 digits of account	number: XXXX		
Yes						
5E List (Certain G	ifts and Cont	ributions			
thin 2 year	s before y	ou filed for banl	kruptcy, did you give any gift	is with a total value of me	ore than \$600 per person?	
No						
	the details	s for each gift.				
		_				
		ue of more than \$6	Describe the gifts		Dates you gave	Value
per perso	711		g-000000000000000000000000000000000000		the gifts	
Person to Wh	hom You Gave	the Gift				\$
			100.4			
						\$
Number St	treet					
O'th.		0				
City		State ZIP Cod	Je			
Person's re	lationship to	you	·			
					- AAAAAA - AAAAA - AAAAAA	
		of more than \$60	0 Describe the gifts		Dates you gave	Value
per person	1				the gifts	
						¢
Person to Wi	hom You Gave	the Gift				a
			2000000 200.27			c
			^			Φ

Number St	treet		Trapports			
City		State ZIP Con	de			
Doross's	elationship to					

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☑ No ☐ Yes Git			ast Name		
☑ No ☐ Yes Git					
☑ No ☐ Yes Git					
☐ Yes		filed for bankru	uptcy, did you give any gifts or contribution	ons with a total value of more than \$	600 to any charity?
Git					
	s. Fill in the details for	r each gift or co	ntribution.		
tha	fts or contributions to		Describe what you contributed	Date you	Value
	at total more than \$600	0		contributed	
					\$
Char	rity's Name				
_			_		\$
				-	
Num	nber Street		_		
			_		
City	State ZIP C	Code			
	_				
t 6:	List Certain Los	sses			
	escribe the property yo ow the loss occurred	ou lost and	Describe any insurance coverage for the I Include the amount that insurance has paid.	List pending insurance	Value of property lost
			claims on line 33 of Schedule A/B: Property.		
				The state of the	\$
			i		
_	List Certain Pay	ments or Tra	Insfers		- yye
t 7:		iled for benkey	ptcy, did you or anyone else acting on yo	nur hahalf nav ar transfer any proper	h. to onvone
	1 year before you fi	neu ioi balikiu		di benan pay of transfer any proper	
Within		ing bankruptcy	or preparing a bankruptcy petition?		ly to anyone
Within you co	nsulted about seek		y or preparing a bankruptcy petition? preparers, or credit counseling agencies for s	services required in your bankruptcy.	y to anyone
Within you co include	ensulted about seek any attorneys, bank			services required in your bankruptcy.	y to anyone
Within you co include	ensulted about seek any attorneys, bank			services required in your bankruptcy.	y to anyone
Within you co include	e any attorneys, bank			nsferred Date payment or	
Within you co include 1 No 1 Yes	e any attorneys, bank		preparers, or credit counseling agencies for s		
Within you co include 1 No 1 Yes	ensulted about seek e any attorneys, bank es. Fill in the details.		preparers, or credit counseling agencies for s	nsferred Date payment or transfer was	
Within you co include No Yes	ensulted about seek e any attorneys, bank es. Fill in the details.		preparers, or credit counseling agencies for s	nsferred Date payment or transfer was	
Within you co Include No Yes	e any attorneys, bank e any attorneys, bank s. Fill in the details.		preparers, or credit counseling agencies for s	nsferred Date payment or transfer was	
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Within you co include No Yes	e any attorneys, bank e any attorneys, bank s. Fill in the details.		preparers, or credit counseling agencies for s	nsferred Date payment or transfer was	
Within you co include No Per	e any attorneys, bank e any attorneys, bank s. Fill in the details.	cruptcy petition p	preparers, or credit counseling agencies for s	nsferred Date payment or transfer was	
Within you co include No Yes	e any attorneys, bank e any attorneys, bank s. Fill in the details.	cruptcy petition p	preparers, or credit counseling agencies for s	nsferred Date payment or transfer was	

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	First Name Middle Name Last	Name	Case number (if known)		
5059994	and a supplied to the supplied	Description and value of any property	transferred	Date payment or transfer was made	Amount of payment
ī	Person Who Was Paid				•
ī	Number Street	The state of the s			\$
					\$
		Off Parameters and State of St			
	City State ZIP Code	V-James and American			
,	Email or website address	The state of the s		100 mm m m m m m m m m m m m m m m m m m	
i	Person Who Made the Payment, if Not You	* T			
ZÍ N	ot include any payment or transfer that y lo 'es. Fill in the details.				
		Description and value of any property	transferred	Date payment or transfer was made	Amount of paym
	Person Who Was Paid	Mark and the second of the sec	**************************************		
					¢.
	Number Street	-			Φ
	Number Street				\$
	City State ZIP Code	ptcy, did you sell, trade, or otherwise	e transfer any property	y to anyone, other th	\$s
Vithi rans nclud Do no vo No	City State ZIP Code in 2 years before you filed for bankrup iferred in the ordinary course of your de both outright transfers and transfers to t include gifts and transfers that you ha	business or financial affairs? made as security (such as the granting			
Vithi rans nclud Do no vo No	City State ZIP Code in 2 years before you filed for bankrup sferred in the ordinary course of your de both outright transfers and transfers ot include gifts and transfers that you ha	business or financial affairs? made as security (such as the granting	of a security interest or	mortgage on your pro	operty).
Within rans notice of the control of	City State ZIP Code in 2 years before you filed for bankrup sferred in the ordinary course of your de both outright transfers and transfers ot include gifts and transfers that you ha	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	of a security interest or Describe any proper	mortgage on your pro	operty). d Date transfer
Within rans notice of the control of	City State ZIP Code in 2 years before you filed for bankrup sferred in the ordinary course of your de both outright transfers and transfers to t include gifts and transfers that you ha to 'es. Fill in the details.	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	of a security interest or Describe any proper	mortgage on your pro	operty). d Date transfer
Within rans notice of the control of	City State ZIP Code in 2 years before you filed for bankrup sferred in the ordinary course of your de both outright transfers and transfers to t include gifts and transfers that you ha do 'es. Fill in the details. Person Who Received Transfer	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	of a security interest or Describe any proper	mortgage on your pro	operty). d Date transfer
Within rans ncluded no	City State ZIP Code in 2 years before you filed for bankrup sferred in the ordinary course of your de both outright transfers and transfers to t include gifts and transfers that you ha do fes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	of a security interest or Describe any proper	mortgage on your pro	operty). d Date transfer
Within rans ncluded no	City State ZIP Code in 2 years before you filed for bankrup sferred in the ordinary course of your de both outright transfers and transfers to t include gifts and transfers that you ha do 'es. Fill in the details. Person Who Received Transfer	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	of a security interest or Describe any proper	mortgage on your pro	operty). d Date transfer
Within rans nclude no nclude no nclude no nclude nc	City State ZIP Code in 2 years before you filed for bankrup sferred in the ordinary course of your de both outright transfers and transfers to t include gifts and transfers that you ha do es. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	of a security interest or Describe any proper	mortgage on your pro	operty). d Date transfer
Within ranss notice of the control o	City State ZIP Code in 2 years before you filed for bankrup iferred in the ordinary course of your de both outright transfers and transfers to t include gifts and transfers that you ha do fes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	of a security interest or Describe any proper	mortgage on your pro	operty). d Date transfer

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Witl						
	nin 10 years before you filed for bankru		ty to a self-s	ettled trust	t or similar device of w	hich you
	a beneficiary? (These are often called as	sset-protection devices.)				
_	No					
J	Yes. Fill in the details.					
		Description and value of the prope	rty transferred	1		Date transfer
			· · · · · · · · · · · · · · · · · · ·			was made
						90 O
	Name of trust					
						Vanish
ya			90000 - 1, 10 - 10 10 10 10 10 10 10 10 10 10 10 10 10			\$6.50.50.40.00.00.00.00.00.00.00.00.00.00.00.00
. :	List Certain Financial Accounts	, instruments, Safe Deposit	Boxes, an	d Storage	Units	
∕it	hin 1 year before you filed for bankrupt	cy, were any financial accounts o	r instrumen	ts held in y	our name, or for your	benefit,
	sed, sold, moved, or transferred?					
	lude checking, savings, money market,			-	res in banks, credit un	ions,
	kerage houses, pension funds, coopera	itives, associations, and other fil	nancial instit	utions.		
_	No					
•	Yes. Fill in the details.					
		Last 4 digits of account number	Type of acc	ount or	Date account was	Last balance befor
			instrument		closed, sold, moved, or transferred	closing or transfer
	No. of Figure 1 1 to Alfred to a					
	Name of Financial Institution	XXXX-	Checkin	g		\$
		xxxx		-		\$
	Number Street	xxxx	☐ Savings			\$
		xxxx	☐ Savings	market		\$
	Number Street	xxxx	Savings Money r	narket ge		\$
		XXXX	☐ Savings	narket ge	Schalleger Status	\$
	Number Street	**************************************	Savings Money r	narket ge	k planner sink. Ken o versterregene av STESSESSESSESSESSEN	\$
	Number Street City State ZIP Code	XXXX	Savings Money r	narket ge	h papernyer son	\$
	Number Street	1 10 10 10 A 10 A 10 A 10 A 10 A 10 A 1	☐ Savings ☐ Money r ☐ Brokera ☐ Other_	narket ge	A SIGNOREY TOOL. A PLY THE SPREAGON A TOTAL SECTION SECTION.	
	Number Street City State ZIP Code Name of Financial Institution	1 10 10 10 A 10 A 10 A 10 A 10 A 10 A 1	Savings Money r Brokera Other Checkin	narket ge	North and programmed Transferred States (States (State	
	Number Street City State ZIP Code	1 10 10 10 A 10 A 10 A 10 A 10 A 10 A 1	Savings Money r Brokera Other Checkin Savings	narket ge	NAMINER INI. N. P. P. PAZINERANA NOZIZIZIZIZIZIZIZIZIZIZIZIZIZIZIZIZIZIZI	
	Number Street City State ZIP Code Name of Financial Institution	1 10 10 10 A 10 A 10 A 10 A 10 A 10 A 1	Savings Money r Brokera Other Checkin Savings Money r Brokera	narket ge	h jagongar sinte: h er e "wigengagenes 727 (2007)(2007)(2007)	
	Number Street City State ZIP Code Name of Financial Institution	1 10 10 10 A 10 A 10 A 10 A 10 A 10 A 1	Savings Money r Brokera Other Checkin Savings	narket ge	k in a maragement to the state of the state	
	Number Street City State ZIP Code Name of Financial Institution Number Street City State ZIP Code	XXXX	Savings Money r Brokera Other Checkin Savings Money r Brokera	narket ge narket ge		\$
	Number Street City State ZIP Code Name of Financial Institution Number Street City State ZIP Code you now have, or did you have within 1	XXXX	Savings Money r Brokera Other Checkin Savings Money r Brokera	narket ge narket ge		\$
eç	Number Street City State ZIP Code Name of Financial Institution Number Street City State ZIP Code you now have, or did you have within 1 surities, cash, or other valuables?	XXXX	Savings Money r Brokera Other Checkin Savings Money r Brokera	narket ge narket ge		\$
ec Z	Number Street City State ZIP Code Name of Financial Institution Number Street City State ZIP Code you now have, or did you have within 1	XXXX	Savings Money r Brokera Other Checkin Savings Money r Brokera	narket ge narket ge		\$
ec Z	Number Street City State ZIP Code Name of Financial Institution Number Street City State ZIP Code you now have, or did you have within 1 curities, cash, or other valuables?	xxxxyear before you filed for bankru	Savings Money r Brokera Other Savings Money r Brokera Other Other	narket ge market ge	oox or other depositor	\$ y for
ec Z	Number Street City State ZIP Code Name of Financial Institution Number Street City State ZIP Code you now have, or did you have within 1 curities, cash, or other valuables?	XXXX	Savings Money r Brokera Other Savings Money r Brokera Other Other	narket ge narket ge	oox or other depositor	\$ y for
ec Z	Number Street City State ZIP Code Name of Financial Institution Number Street City State ZIP Code you now have, or did you have within 1 curities, cash, or other valuables?	xxxxyear before you filed for bankru	Savings Money r Brokera Other Savings Money r Brokera Other Other	narket ge market ge	oox or other depositor	\$y for
sec 1	Number Street City State ZIP Code Name of Financial Institution Number Street City State ZIP Code you now have, or did you have within 1 curities, cash, or other valuables? No Yes. Fill in the details.	year before you filed for bankru	Savings Money r Brokera Other Savings Money r Brokera Other Other	narket ge market ge	oox or other depositor	y for Do you stil have it?
ec Z	Number Street City State ZIP Code Name of Financial Institution Number Street City State ZIP Code you now have, or did you have within 1 curities, cash, or other valuables?	xxxxyear before you filed for bankru	Savings Money r Brokera Other Savings Money r Brokera Other Other	narket ge market ge	oox or other depositor	y for Do you stil have it?
ec Z	Number Street City State ZIP Code Name of Financial Institution Number Street City State ZIP Code you now have, or did you have within 1 curities, cash, or other valuables? No Yes. Fill in the details.	year before you filed for bankru	Savings Money r Brokera Other Savings Money r Brokera Other Other	narket ge market ge	oox or other depositor	y for Do you stil have it?

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otor 1	Shantiinaa First Name Middle	R. Name	Gaston Last Name	Case number (if known)	
.Have : ☑ N		in a storage	unit or place other than your home wi	thin 1 year before you filed for bankruptc	y?
☐ Ye	es. Fill in the details.		Who else has or had access to it?	Describe the contents	Do you still have it?
					□ No
	Name of Storage Facility		Name		☐ Yes
	Number Street		Number Street		
			CityState ZIP Code		
	City	State ZIP C	ode	TOTAL CONTROLLED AND A	
art 9:			Hold or Control for Someone Else that someone else owns? Include any	property you borrowed from, are storing	for.
or he	old in trust for some	one.		, , , , , , , , , , , , , , , , , , , ,	,
	res. I ili ili tile detalis	•	Where is the property?	Describe the property	Value
	Owner's Name				\$
	Number Street		Number Street		
				IP Code	
	City	State ZIP C		1	***
art 10			rironmental Information		
<i>Envi</i> haza	ardous or toxic subs	s any feder tances, was	al, state, or local statute or regulation o	concerning pollution, contamination, releasurface water, groundwater, or other med	
Site	means any location,	facility, or		nental law, whether you now own, operat	e, or
Haza	ardous material mea	ns anything		ardous waste, hazardous substance, tox	C
	•	•	edings that you know about, regardless	of when they occurred.	
. Has	any governmental ur	nit notified y	ou that you may be liable or potentially	liable under or in violation of an environ	mental law?
Z1 •	No Yes. Fill in the details				
	res. i ili ili tile details	•	Governmental unit	Environmental law, if you know it	Date of notice
ī	Name of site		Governmental unit	-	
ĩ	Number Street		Number Street	PRATECULA INC.	· · · · · · · · · · · · · · · · · · ·
			City State ZIP Code	-	

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Shantiinaa R. First Name Middle Name	Gaston Last Name	Case number (if known)	
ve you notified any governmental ur	nit of any release of hazardous n	naterial?	
No			
Yes. Fill in the details.			
	Governmental unit	Environmental law, if you know it	Date of notice
		1	
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Co	ode	
City State ZIP Cod	le		
6 6. 26	**************************************	20 July 2 , and a second of the control of the cont	S TO THE COURT OF
ive you been a party in any judicial o	or administrative proceeding und	ler any environmental law? Include settleme	nts and orders.
No			
Yes. Fill in the details.			
	Court or agency	Nature of the case	Status of the case
Constitution			
Case title	Court Name		☐ Pending
			On appe
	Number Street		☐ Conclude
Case number	City State	ZIP Code	
11: Give Details About Your	Business or Connections to	Any Rusiness	
 □ A member of a limited liability of □ A partner in a partnership □ An officer, director, or managir □ An owner of at least 5% of the 	company (LLC) or limited liability ng executive of a corporation voting or equity securities of a c		
No. None of the above applies. GoYes. Check all that apply above an		sh husiness	
e i es. Oneck an mat apply above an	Describe the nature of the b		on number
Business Name			Security number or ITIN.
DUSHICSS NAME		EIM.	
Number Street		EIN:	
	Name of accountant or book	kkeeper Dates business exist	ed
		From 1	o
City State ZIP Co	Describe the nature of the b	ousiness Employer Identification	on number
			Security number or ITIN.
Business Name			
Number Street		EIN:	
Number Street		!	
	Name of accountant or boo	kkeeper Dates business exist	
	Name of accountant or boo	kkeeper Dates business exist	
	Name of accountant or boo	kkeeper Dates business exist	ed

First Name Middle Name Las		ise number (if known)
	tt Name	
AMERICAN TO THE PARTY OF THE SECOND STATE OF THE PARTY OF	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
	-	From To
City State ZIP Code		
thin 2 years before you filed for bankru titutions, creditors, or other parties. No Yes. Fill in the details below.	ptcy, did you give a financial statement to	anyone about your business? Include all financial
	Date issued	
Name	MM / DD / YYYY	
Number Street	-	
	_	
City State ZIP Code	-	
12: Sign Below		
have read the answers on this Statemenswers are true and correct. I understance connection with a bankruptcy case ca	ent of Financial Affairs and any attachments and that making a false statement, concealing an result in fines up to \$250,000, or impriso	, and I declare under penalty of perjury that the ng property, or obtaining money or property by fraud nment for up to 20 years, or both.
have read the answers on this <i>Stateme</i> answers are true and correct. I understate connection with a bankruptcy case cast U.S.C. §§ 152, 1341, 1519, and 3371.	and that making a false statement, concealing result in fines up to \$250,000, or impriso	ng property, or obtaining money or property by fraud
have read the answers on this <i>Stateme</i> nswers are true and correct. I understand connection with a bankruptcy case case U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1	and that making a false statement, concealing result in fines up to \$250,000, or impriso	ng property, or obtaining money or property by fraud
have read the answers on this Statemenswers are true and correct. I understate connection with a bankruptcy case case U.S.C. §§ 152, 1341, 1519, and 3371. Signature of Debtor 1	and that making a false statement, concealing result in fines up to \$250,000, or imprison Signature of Debtor 2 Date	ng property, or obtaining money or property by fraud
have read the answers on this Statements are true and correct. I understate connection with a bankruptcy case cast U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Date 17 109 id you attach additional pages to Your	and that making a false statement, concealing result in fines up to \$250,000, or imprison Signature of Debtor 2 Date	ng property, or obtaining money or property by frauc nment for up to 20 years, or both.
have read the answers on this Statemenswers are true and correct. I understand connection with a bankruptcy case case U.S.C. §§ 152, 1341, 1519, and 3371. Signature of Debtor 1 Date 17769 did you attach additional pages to Your No Yes	and that making a false statement, concealing result in fines up to \$250,000, or imprison Signature of Debtor 2 Date	ng property, or obtaining money or property by fraud nment for up to 20 years, or both. Selection of the se

Fill in this in	Fill in this information to identify your case:				
Debtor 1	Shantiinaa First Name	R.	Gaston Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States	United States Bankruptcy Court for the: Southern District of Illinois				
Case number (If known)					

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1.

ist Your Creditors Who Have Secured Claims

For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.						
Identify the creditor and the property that is collateral	Did you claim the propert as exempt on Schedule C					
Creditor's name: Bridgecrest formerly Drivetime	Surrender the property. Retain the property and redeem it.	☑ No □ Yes				
Description of 2015 Chrysler 200-car property securing debt:	Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement.	☐ Yes				
securing debt.	Retain the property and [explain]:					
Creditor's	☐ Surrender the property.	□ No				
name:	☐ Retain the property and redeem it.	☐ Yes				
Description of property securing debt:	☐ Retain the property and enter into a Reaffirmation Agreement.					
	☐ Retain the property and [explain]:					
Creditor's	☐ Surrender the property.	□ No				
name:	Retain the property and redeem it.	☐ Yes				
Description of property securing debt:	☐ Retain the property and enter into a Reaffirmation Agreement.					
	☐ Retain the property and [explain]:					
Creditor's	☐ Surrender the property.	No				
name:	Retain the property and redeem it.	☐ Yes				
Description of property securing debt:	☐ Retain the property and enter into a Reaffirmation Agreement.					
	Retain the property and [explain]:					

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Gaston Shantiinaa Case number (If known) Debtor 1 Part 2: **List Your Unexpired Personal Property Leases** For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Will the lease be assumed? Describe your unexpired personal property leases Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. X Signature of Debtor 2

MM / DD / YYYY

Fill in this	information to ider	tify your case:		
Debtor 1	Shantiinaa First Name	R. Middle Name	Gaston Last Name	
Debtor 2 (Spouse, if filin	g) First Name	Middle Name	Last Name	
United States	s Bankruptcy Court for t	he: Southern District of	Illinois	
Case numbe (If known)	or			

Check one box only as directed in this form and in Form 122A-1Supp:			
☑ 1. There is no presumption of abuse.			
2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A–2).			
3. The Means Test does not apply now because of qualified military service but it could apply later.			

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

	Part 1: Calculate Your Current Monthly Income				
ALAM CONTRACTOR CONTRACTOR CONTRACTOR	What is your marital and filing status? Check one only. ✓ Not married. Fill out Column A, lines 2-11. ☐ Married and your spouse is filing with you. Fill out both C	columns A and B, lines 2-	11.		
************	☐ Married and your spouse is NOT filing with you. You and	l your spouse are:			
***********	☐ Living in the same household and are not legally se	parated. Fill out both Col	lumns A and B, lines	<u>2-11.</u>	
CANADA MANAGA MA	Living separately or are legally separated. Fill out Co under penalty of perjury that you and your spouse are le spouse are living apart for reasons that do not include e	egally separated under no	onbankruptcy law that	at applies or that you and your	
STOP - CROSSING PROPERTY OF THE STOP IN TH	Fill in the average monthly income that you received from a bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are August 31. If the amount of your monthly income varied during the Fill in the result. Do not include any income amount more than o income from that property in one column only. If you have nothing	e filing on September 15, he 6 months, add the inco nce. For example, if both	the 6-month period ome for all 6 months spouses own the sa	would be March 1 through and divide the total by 6. ame rental property, put the	rást.
VACCOUNTS (COMMON COMMON COMMO			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
NAME OF TAXABLE PARTY O	Your gross wages, salary, tips, bonuses, overtime, and com (before all payroll deductions).	missions	\$ <u>2,896.0</u> 0	\$	
CONTRACTOR OF THE PROPERTY OF	Alimony and maintenance payments. Do not include payment Column B is filled in.	s from a spouse if	\$0.00	\$	
E-000000000000000000000000000000000000	4. All amounts from any source which are regularly paid for ho of you or your dependents, including child support. Include from an unmarried partner, members of your household, your de and roommates. Include regular contributions from a spouse onl filled in. Do not include payments you listed on line 3.	regular contributions ependents, parents,	\$0.00	\$	
ON THE PROPERTY OF THE PARTY OF	5. Net income from operating a business, profession, or farm Gross receipts (before all deductions) Debto	or 1 Debtor 2			
000000000000000000000000000000000000000	Ordinary and necessary operating expenses — \$	- \$			
2000 management work	-	0.00 \$ Copy	\$0.00	\$	
0.0000000000000000000000000000000000000	6. Net income from rental and other real property Gross receipts (before all deductions) Debto	or 1 Debtor 2 \$			
0.0000000000000000000000000000000000000	Ordinary and necessary operating expenses - \$	\$			
MCvv*hchellelle	Net monthly income from rental or other real property	0.00 _{\$} Copy	\$0.00	\$	
- Alleranda	7 Interest dividends and royalties		œ.	c	

Debtor 1	Shantiinaa First Name Middle Nam	R.	Gaston	Case num	ber (if known)		
				Colum Debtoi		Column B Debtor 2 or non-filing spouse	
8. Unen	nployment compensation	n		\$	0.00	\$	
	ot enter the amount if you r the Social Security Act.		nount received was a benefit				
	•		\$				
	r your spouse						
bene	fit under the Social Secur	ity Act.	y amount received that was a	\$	0.00	\$	
Do n as a	ot include any benefits rec victim of a war crime, a cr	ceived under the Soci ime against humani	 Specify the source and amount. Security Act or payments recty, or international or domestic arate page and put the total below 	eived			
				\$	0.00	\$	
				\$		\$	
Tota	al amounts from separate	pages, if any.		+ \$	0.00	+ \$	
	ulate your total current on. Then add the total for		dd lines 2 through 10 for each al for Column B.	\$ 2	,896.00	\$	\$ 2,896.00 Total current monthly income
Part 2:	Determine Whether	r the Means Tes	t Applies to You				monany moonie
12. Calcı	late your current montl	-	•			panco	
12a.			line 11		Cop	y line 11 here	\$ <u>2,896.00</u>
	Multiply by 12 (the numb	per of months in a ye	ear).			g*****	x 12
12b.	The result is your annua	I income for this par	t of the form.			12b. 🝇	\$ <u>34,752.00</u>
13. Calc	ulate the median family	income that applie	s to you. Follow these steps:				
Fill in	the state in which you liv	e.	IL				
Fill in	the number of people in	your household.	01				
To fi	nd a list of applicable med	lian income amounts	size of householdsize of household. s, go online using the link specifie liable at the bankruptcy clerk's of	d in the sepa		13.	\$ <u>52,945.00</u>
14. How	do the lines compare?						
14a. l	Line 12b is less than Go to Part 3.	or equal to line 13. (On the top of page 1, check box 1	, There is no	presumption	of abuse.	
14b.	Line 12b is more than Go to Part 3 and fill o		of page 1, check box 2, The pres	umption of al	ouse is deter	mined by Form 122A	1-2.
Part 3:	Sign Below		Λ				
	By signing here, I decl	are under penalty of	erjury that the information on the			ttachments is true ar	nd correct.
	0117	2219		Jig. Julio O	_ 30.0. L		
	Date MM / DD / Y	HOW I		Date	DD /YYYY	-	
	If you checked line	14a, do NOT fill out	or file Form 122A-2.				
	If you checked line	14b, fill out Form 12	22A-2 and file it with this form.				

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IN THE UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF ILLINOIS

IN RE:	CASE NO.
Shantiinaa Riinii Gaston	
Debtor(s).	
VERIFIC	ATION OF CREDITOR MATRIX
``	nereby verify that the attached list of creditors is true and correct that it corresponds to the creditors listed in my/our schedules
Date: 01 17 2017	Shanlienae Laston Debtor
	Joint Debtor

Shantiinaa R. Gaston

Credit Matrix

- AMERICOLLECT
 1851 S. ALVERNO RD
 MANITOWOC, WI 54220
- BRIDGECREST
 P.O. BOX 29018
 PHOENIX, AZ 85038
- 3. SYNCB/TJX CO PLCC P.O. BOX 965015 ORLANDO, FL 32896
- 4. CASHNET USA 175 W. JACKSON BLVD, SUITE 1000 CHICAGO, IL 60604
- 5. CHARTER COMMUNICATION P.O. BOX 881 SANTA ROSA, CA 95402
- CONSUMER COLLECTION MANAGEMENT
 P.O. BOX 1839
 MARYLAND HEIGHTS, MO 63043
- 7. CONSUMER COLLECTION MANAGEMENT P.O. BOX 1839
 MARYLAND HEIGHTS, MO 63043
- 8. GENESIS FINANCIAL D/B/A USA WEB CASH 3175 COMMERCIAL AVE, SUITE 201 NORTHBROOK, IL 60062

- 9. INBOX LOAN
 P.O. BOX 881
 SANTA ROSA, CA 95402
- 10. PETROFF TOWING 3801 N. 89TH STREET CASEYVILLE, IL 62232
- 11. PROGRESSIVE LEASING 5651 W. TALAVI BLVD GLENDALE, AZ 85306
- 12. REGIONS BANK
 8405 STATE STREET
 EAST ST. LOUIS, IL 62203
- 13. WEEKENDS ONLY
 51 COMMERCE LANE
 FAIRVIEW HEIGHTS, IL 62208

14.